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ABSTRACT

The two reports reprinted here address prevention and treatment of child abuse and neglect in rural areas through self-help programs. The larger report, that of the Appalachian Citizens for Children's Rights (ACCR) Project, describes project purposes: to develop a community development model for child abuse/neglect using resources already existing (human service professionals, agencies, and community citizens) in most of rural America and to demonstrate the model and develop self-help materials providing technical assistance for other communities. In addition to general information about child abuse and the rural setting, the report describes ACCR and deals with self-help groups, innovation and diffusion, and children's rights. Various human service systems are examined (social and health services, law/law enforcement, education, recreation, child care, self-help groups) and brief suggestions are made for developing a community project without a federal grant. The second, shorter report describes Operation Reach (involving five Wyoming communities) which placed a community organizer in each project area for two months to mobilize the community and help residents draft and implement a child abuse/neglect prevention program, and includes rationale, concepts, and a description of each program. It also contains recommendations, a budget breakdown, and comments on program adaptability. (RS)

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Child Abuse and Neglect Prevention and Treatment in Rural Communities

RC 011106

Child Abuse and Neglect Prevention and Treatment in Rural Communities: Two Approaches

- A Rural Community Self-help Approach to the Prevention of Child Abuse and Neglect

  Produced by:
  Appalachian Citizens for Children's Rights

- Operation Reach—Wyoming People Reaching Out to help their Abused and Neglected Children

  Produced by:
  Wyoming Department of Health and Social Services,
  Cheyene, Wyoming

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families /Children's Bureau
National Center for Child Abuse and Neglect

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FOREWORD

Nowhere does the classic struggle to strike a balance between human service needs and the available resources to satisfy those needs manifest itself more clearly than in the rural areas of the nation. The problem of effectively coordinating and utilizing such service resources as do exist is obviously complicated by population dispersion, non-existent or inadequate transportation facilities and limited communication linkages. The fact that a particular service is available has no real meaning to those who need it, if its existence is unknown or if it is inaccessable. The isolation and remoteness of many rural families creates unique problems in acquainting them with services which are available and motivating them to utilize those services.

This document is a reprint of two reports prepared by agencies involved in providing services to children and families in rural areas:

A Rural Community Self-help Approach to the Prevention of Child Abuse and Neglect, Appalachian Citizens for Children's Rights - Family Service Association, Morgantown, WV.

Operation Reach, Wyoming People Reaching Out to Help Their Abused & Neglected Children, Wyoming Department of Health and Social Services, Cheyenne, WY.

These reports are being reprinted because each addresses the problem of how to enhance the prevention and treatment of child abuse and neglect in rural areas.

There is a need for the creation of a body of "how-to" knowledge which can facilitate the efforts of legislators, planners, administrators, and service practitioners to enhance the prevention, identification and treatment of child abuse and neglect in rural America. The author's of these publications have made a major contribution to this effort. The creation of that body of knowledge is not an end in itself, however. It must be disseminated and, in turn, applied if we are to improve the quality of rural family life. We hope that the distribution of this document will contribute to the achievement of that goal.

Douglas J. Besharov
Director, National Center on
Child Abuse and Neglect;
Children's Bureau

Child Abuse and Neglect Prevention and Treatment in Rural Communities:

A Rural Community Self-help Approach to the Prevention of Child Abuse and Neglect

Produced by:
Appalachian Citizens for Children's Rights

PRODUCED BY

APPALACHIAN CITIZENS FOR CHILDREN'S RIGHTS –

FAMILY SERVICE ASSOCIATION
MORGANTOWN, WV 26505

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It's content should not be construed as official policy of the N.C.C.A.N. or any agency of the federal government.

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PREFACE

The problems which prompted the Appalachian Citizens for Children's Rights Project were an accurate reflection of national-level child abuse and neglect issues and concerns. Briefly, child abuse and neglect was and continues to be under-identified and under-reported by both citizens and professionals for a variety of reasons, many of which are still not clear.

First of all, perhaps, most of us are not well informed about our legal responsibility to report instances of child abuse and neglect which we may see or learn about. Second, we too often lack the skills, or courage, to identify abuse and neglect, which hides behind many subtle guises. Third, too often laws designating official responsibilities to public agencies are interpreted to mean that others need not be concerned, not realizing the need for everyone to be advocates for children. Somehow most of us have no inkling of how pervasive the problems are — of how many children and youth suffer. The national media tend to reinforce this by presenting a superficial picture of the problems of child abuse and neglect.

Family Service Association, of Morgantown, West Virginia, a small private agency, became involved in child abuse and neglect some three years ago when a Title XX contract with the West Virginia Department of Welfare provided money for additional services to families. Within the short time of six months, 79 cases of child abuse and neglect were identified. In most cases, the client (adult or child) clearly asked for help. Since abuse and neglect is a complex problem, which often crosses professional and agency boundaries, it was necessary to seek a variety of other supportive or diagnostic services. Efforts to refer clients proved frustrating. It became clear that other agencies, institutions, and professionals were no better prepared to deal with child abuse and neglect than Family Service Association was.

The most common responses to child abuse or neglect referrals were: (1) not to agree that abuse or neglect was a problem; (2) to acknowledge the problem but to deny agency or professional responsibility to become involved or to provide services.

At the end of 12 months, 103 cases of abuse and/or neglect had been identified; 50 percent of these had long been known to all local authorities and agencies. As so much staff time was needed to advocate for these clients, it became clear that child abuse and neglect was a community problem requiring community solutions.

Most urban models for child abuse and neglect focused on special services to individuals and the development of special programs. Since rural areas lack both the population and financial base to support special programs, and since rural people tend to shun "special" services, it was clear that a different model for child abuse and neglect services was needed for our community.

Acknowledgements

We are grateful to the Office of Child Development and the National Center on Child Abuse and Neglect for funding, which allowed us to develop such a model and to test it in a preliminary way in an innovative demonstration project. We are also grateful for a supplementary grant from OCD to permit us to publish this manual to share our experiences.

Appalachian Citizens for Children's Rights is deeply grateful to the citizens of Monongalia County, West Virginia, whose knowledge and concerns stimulated this project. We would in addition like to thank the following persons for their continuous support and encouragement: Senator Robert C. Byrd and his assistant, Ms. Nancy Mulry; Senator Jennings Randolph and his assistant, Ms. Birdie Kyle; and Commissioner Thomas Tinder, West Virginia State Department of Public Welfare.

We are appreciative of the following media in Monongalia County: WWVU-TV, WCLG, WAJR, and the *Dominion-Post,* for increasing the awareness of child abuse and neglect in the community through informational programs. We are indebted to the persons who have contributed papers to this manual for sharing their knowledge and views. Last but not least, we owe a special thanks to the following persons, whose talent and patience were needed to complete this work: Ron Federico, editor; Butch Lee, artist; Susie Turner, typist; and Nancy Johansen, Betty Taft, Kathy Frank, Dixie Sturm, Debbie Marrara, and Sherry Smith, project staff.

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INTRODUCTION

The Appalachian Citizens for Children's Rights project was an innovative demonstration project for special populations funded by the Office of Child Development (National Center for Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare) on July 1, 1975. The special population which the project is focused on is rural – not Appalachian. This distinction is important, because, contrary to popular notions and Al Capp, only 53 percent of more than 18 million Appalachians live in rural areas.

The ACCR project set out to do several things:

(1) Design a community development model for child abuse and neglect which uses resources already existing in most of rural America.

(2) Demonstrate the model and develop self-help materials providing technical assistance for other communities interested in developing a program adapted to the unique characteristics of their rural areas.

Since the objective was to coordinate existing resources, the project did not provide new child abuse and neglect services. Providing services remained the responsibility of the existing services network. The project did, however, provide technical assistance to facilitate self-help actions and collaborative activities, which in turn stimulated community development processes.

It is the function of this guide to describe the basic concepts used in designing the demonstration model, to analyze the actual demonstration program based on 12 months experience, and to discuss what we would now do differently – recognizing, of course, that new mistakes would undoubtedly be made.

Section I, *Rural Areas, Rural Peoples, Rural Services,* presents basic generalizations about rural areas which we believe to be true for most rural areas. These characteristics provide the fundamental rationale for selecting a community development approach to rural child abuse and neglect prevention and remediation. If your rural community lacks these characteristics, it might be well to consider whether a community development approach is feasible.

Section II, *Basic Project Concepts,* presents the working papers, definitions, and concepts used in the Citizens for Children's Rights project. These concepts must be integrated in action, but are grouped according to subject for purposes of this discussion.

The lead article, "Building a Community Response to Child Abuse and Neglect" by Douglas Besharov, provides an overview of community responsibility and points some directions for communities to move toward.

"On Defining Child Abuse and Neglect" is extracted from writings of David Gil, whose research and study supported our professional experience in child abuse and neglect as rural social workers. The assumption that societal and institutional abuse and neglect are more serious problems than family abuse and neglect is a basic bias of the project. We are, perhaps, more optimistic than Gil about the possibility of effecting significant policy changes by working at local levels in small ways.

General definitions of child abuse and neglect need to be operationalized, and the next piece, "Child Abuse and Neglect Indicators" developed by Marilyn Eckert, M.D., was based on workshop group

discussions at an interdisciplinary conference held during the ACCR project.

Upon recognizing indicators of child abuse and neglect, it becomes necessary to clarify the various tasks and roles involved. "Your Role in Alleviating Child Abuse and Neglect" which presents roles in the context of a decision-making model was also developed by the ACCR project. This helps differentiate citizen and professional responsibilities.

"The Total Picture" is a conceptual model for child abuse and neglect linking levels of abuse and neglect with levels of intervention and, ultimately, linking prevention and children's rights as community responsibilities.

The section on *Self-Help* defines self-help groups oriented toward social change (political) rather than therapy or individual behavior change. The section on *Children's Rights* discusses issues and concerns about children's rights and their central importance to preventing and remediating child abuse and neglect.

In *Innovation and Diffusion,* it is shown that successful innovative demonstration requires that ideas, values, or actions be adopted by the target groups. This section defines the innovations and the target groups, predicts innovation diffusion problems, and selects strategies for dealing with the problems anticipated.

Section III describes and analyzes the actual innovative demonstration project experience.

Section IV examines various human service systems, formal and informal, which exist in most, if not all, rural communities. Each part is written by a person presently working in each system. Readers will find that there is often disagreement between representatives of the various professions and agencies as to the roles each should play in the prevention and remediation of child abuse and neglect. This must be expected in all communities and is not a problem if there is willingness to share responsibility and work together in such mechanisms as interagency committees and interdisciplinary teams.

Section V suggests how communities might organize self-help programs. It is not expected that other communities will replicate the Appalachian Citizens for Children's Rights project exactly, but we hope this guide will help you develop efforts suited to your unique problems and resources.

We hope that you will share your experiences with us if you develop your own program.

RURAL AREAS - RURAL PEOPLE
RURAL SERVICES

RURAL AREAS - RURAL PEOPLE - RURAL SERVICES

What is rural? This is not a simple question with a simple answer. Sociologists define "rural" as communities of 2,500 or less. Aside from statistical purposes, the definition leaves something to be desired.

As Leon H. Ginsberg points out, "the United States Census Bureau definition of rural dwellers as those who do not live in and around cities of 50,000 or more or in places of 2,500 or more . . . do(es) not include the millions of Americans who live in small towns of 3,000-40,000, which are considered in some parts of the world as rural" (Ginsberg, 1976).

The ACCR project takes the position that:

Rural areas and rural communities should be defined by rural people themselves. If people perceive themselves as rural, they do so because they have a rural identity and tradition.

This method of defining rural lacks in scientific precision, but then very little research has been done on rurality.

Nearly every rural area is served by a town or city larger than 2,500. From these towns of 3,000 to 40,000 are distributed the goods and services which rural people must have. These towns belong to the rural areas which they serve as much as the inner city and suburbs belong to metropolitan areas. Most health, education, and welfare services in rural areas are organized in and delivered from such metropolitan communities.

It is important to understand that "rural" is also a life style, a way of living. Thus, a concept of rural must be more complex than degrees of population density or proximity to large centers of population. Burton L. Purrington discusses this when he says that "most rural societies can be characterized as ethnic groups with pride in history, region, identity, values, rural status." [Purrington, 1976] There seems little question that people can sort themselves as rural or urban without the help of social scientists.

Rural Areas Are Different

Rural areas are different from urban areas, and these differences require different models for human services delivery.

The notion that rural human services programs need different models than urban programs is a basic assumption of the Citizens for Children's Rights project.

There has been virtually no systematic research on human service delivery system problems in rural areas, and many professionals will disagree with the above statement. A growing number of rural practitioners are, however, beginning to articulate this opinion.

In June, 1976, the Office of Rural Development, U.S. Department of Health, Education and Welfare, concluded that delivery of rural services is more expensive, that "rural is different," and that "failure to acknowledge that rural is different has led to the application of urban delivery approaches and models in rural settings with the false assumption that such models are appropriate and that the

pages 4 through 6 not in original 13

necessary infrastructure is there, or will somehow be obtained, to insure that services reach the people who need them." (HEW-ORD-DC, 1976)

Rural Characteristics

In *The People Left Behind, Four Years Later* (U.S. Department of Agriculture, 1971), a comparison between metropolitan areas and non-metropolitan areas (50,000 population or less), the following statistics were cited:

(1) Fertility rate in nonmetropolitan counties, 60 percent; in metropolitan counties, 43 percent (2,500 population or less, 72 percent).

(2) Population growth rate in nonmetropolitan counties, 4.4 percent (although fertility rate provided a natural increase of 10 percent, outmigration was 5.6 percent). Counties of 2,500 population or less lost 4.4 percent; metropolitan counties grew 17 percent.

(3) Poverty rate in nonmetropolitan families, 20.2 percent; in metropolitan families, 11.3 percent. Areas of 2,500 population or less were twice the U.S. average of 13.7 percent. Nonmetropolitan families in poverty were more likely to be headed by an employed male, metropolitan families by a female.

(4) Dependency rate (the ratio between children, under 18 years, and elderly, over 64 years, to working-age adults, 20 to 55 years) in nonmetropolitan countries, 85.5 percent. In countries of 2,500 population or less it was 95.6 percent. In metropolitan counties it was 77.1 percent. Minorities in nonmetropolitan areas had a dependency rate of 130.8 percent.

(5) Education – 13.6 percent of 16- and 17-year-olds in nonmetropolitan counties were not enrolled in school (minority youth, 18 percent), compared to 9.5 percent for metropolitan counties. Elledge (1976) provides useful additional information. He notes that the 1960 census showed that 700,000 rural adults had never been enrolled in school; that 3.1 million had less than five years of school and were functionally illiterate; and that 2.3 million youth, 14-24 years, dropped out of school in 1968, of which 8.7 percent had less than five years of school.

(6) 27.3 percent of the nation's population lived in rural areas in 1960 and had 60 percent of the nation's substandard housing. 12 percent of the nonmetropolitan families did not have complete plumbing, as compared to 3 percent in metropolitan counties.

While the above data show the significantly higher percentages of poverty and related problems in rural areas, it should be remembered that the majority of rural people are not in poverty. Nor do the data show the incredible geographical and cultural diversity of rural areas.

Rural Scarcity of Financial Resources

Rural areas cannot afford urban human services programs. The Office of Rural Development reports that failure of HEW to recognize the extent that rural problems are different and that urban problems are directly related to rural problems is also responsible for the failure of HEW to distribute program resources equitably to nonmetropolitan (rural) areas on the basis of population (ORD, 1975).

The pressure of a technological society to make rural areas more like urban areas is what Whisman (1976) refers to when he says that "nearly every objective of rural development is the creation of an urban service." Commenting on this same problem Elledge (1976) said "You can plan and develop in an urban area that has greater resources and do a lot on innovative things. In rural areas someone

is going to have to pick up the tab after development money runs out. We who are concerned about rural America had better be conscious of what we are doing to a rural community . . . . We better do it with them and help them to understand what it means to their future."

Rural Priorities for Services

Most rural communities need water and sewerage systems, fire and police protection, public transportation, and housing as well as other public utilities. Lack of these resources jeopardizes the health, safety, and welfare of all citizens – rich as well as poor, children as well as adults. Urban models for these public services are usually not economically feasible for rural areas because of lower population densities and small tax bases.

Rural human services planners and administrators need to be skilled social conservationists – expert at "recycling" or "retooling" existing agencies and services so that needed basic environmental services can be developed in ways consistent with the ecological and cultural environments. Rural areas cannot afford to develop new programs every time new social problems or needs are identified.

Rural Human Services

Rural models for human services need to make services available close to people, so they can participate in developing these services according to their perception of their needs and goals.

Irving M. Levine (1976), commenting on the importance of rediscovering the strengths of various ethnic traditions, urges learning to save the helpful aspects of traditional cultures by using what is relevant, and by learning to develop new supports when change is inevitable. Levine suggests "social conservation" as a conceptual base for preserving ethnic values, and his four primary principles are applicable to planning human services in rural areas:

(1) Individuals are strengthened if they relate positively to their group identity.
(2) Natural and informal systems of social contact should be a base for providing human services.
(3) Programs should be attuned to different groups in different environments.
(4) Professional expertise should be meshed with the experience and common sense of the people.

Rural Service Networks

Rural areas lack the conventional urban resources – money, technical expertise, and the variety and number of human services programs (private as well as public). However, rural communities have other resources – sense of community, altruism for the less fortunate, self-help traditions, natural helping networks. These are invaluable resources to be used in the organization of human services.

For example, rural communities have natural helping networks for protecting children. These networks can be and are used for primary prevention of child abuse and neglect. Service planning in rural areas should be oriented toward the provision of technical assistance to them in order to attain these goals.

Purrington (1976) sees the decline of rural societies and cultures as a loss not only to rural people but to the nation-state as well, and blames "pressures of business interests, government agencies, immigrants, well-meaning organizations and institutions to bring rural people into the American mainstream." He says ways need to be found to reduce these pressures, and to reinforce the processes and stabilize the institutions of rural communities.

Viewing rural people – their institutions, values and cultures – as a resource requires that the

focus be on collective strengths rather than assembled faults. Historically, rural communities were bypassed by industrialization and did not develop agencies and build institutions to serve people's problems. Rather, they depended upon traditional systems such as families, kinship groups, churches, and the informal networks of neighbors and friends. These systems are still functional in many rural areas.

The urban models for human services were then spread by public agencies to rural areas, where the formal services systems often compete with or ignore the natural helping networks. Rural human services are provided for the most part by the public agencies. The few private or voluntary agencies that do exist are generally small and poorly financed. The public agencies are generally organized much as their urban counterparts, with elaborate structures and complex functional organization for efficiency of operation.

Since public agencies are primarily designed to serve large populations, there has been over the years a need for rural service areas to be consolidated and regionalized to create the necessary larger service populations. In urban or metropolitan areas, specialized and categorical services may be the most cost-efficient way to provide services. However, in rural areas, this usually is not the case.

Perhaps the prime example would be education. Rural schools were first consolidated when busing made it possible to move enough children to enough classrooms that teachers could be specialists – that is, teach only one grade level or one subject. Rural people resisted losing the one-room school since it was a center of community activity. However, the objective of a better education for rural children won. An unanticipated result has been an increase in rural dropout rates and illiteracy, which appear to be directly related to the distance rural youth must travel outside their communities to get to school. Therefore, while distance – geographical and cultural – made strangers of rural children and parents and teachers, some urban educators have returned to the one-room school and call it the ungraded classroom.

Most rural communities have a strong and viable service network comprised of churches, civic groups, service clubs, lodges, etc. They are frequently affiliated with national organizations and can provide valuable community leadership. Although social welfare concerns are a secondary purpose for these groups, they very often are direct service providers when social agencies cannot or will not serve a human need.

Rural Human Services Professionals

There is a scarcity of skilled rural professionals, whether they be physicians, lawyers, social workers, teachers, or nurses. Those that do exist usually function as generalists, as there is neither sufficient population nor wealth to provide an adequate basis for specialization. Since most professionals are trained in urban areas to use urban service delivery models, most professionals, even if they "grew up rural," must teach themselves how to adapt their knowledge and skills to rural areas.

With the exception of the medical, legal, and education professions, most rural human services practitioners probably are agency trained rather than professionally educated. This will be especially true for social workers in public agencies.

Just as few professionals are trained to work in rural areas, few professional curricula provide content on child abuse and neglect. Child abuse and neglect services also make heavy demands on professionals for interagency and interdisciplinary coordination and policy consultation, something else to which most professional curricula give short shrift. Therefore, the tendency is for professionals, urban and rural, to respond on a case-by-case basis rather than on the development of interagency and interdisciplinary child abuse and neglect training programs. In spite of the need for special attention to the development

of policies facilitating interagency and interdisciplinary coordination and consultation, most professionals are not oriented toward this approach.

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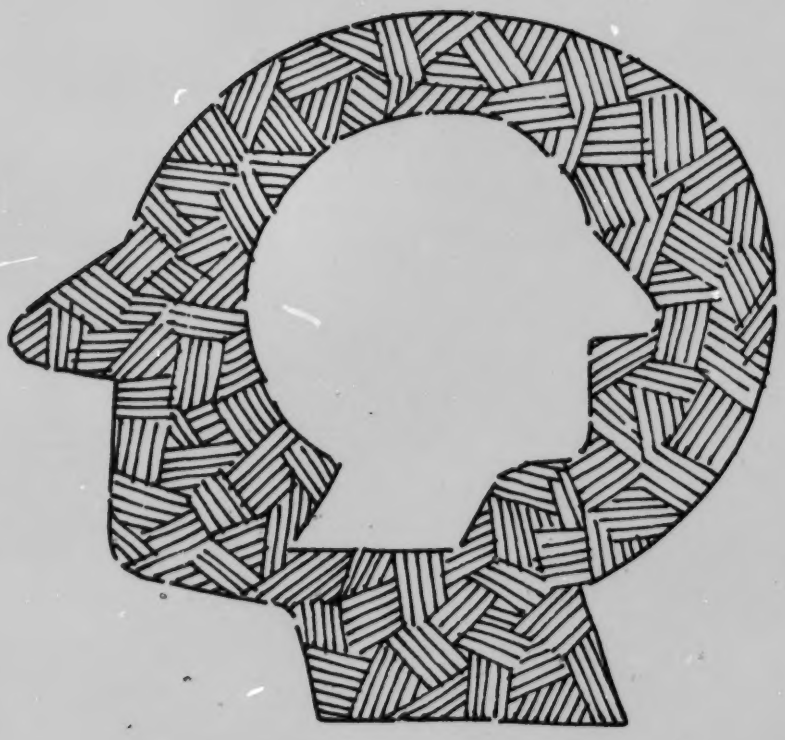

BASIC PROJECT CONCEPTS

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BUILDING A COMMUNITY RESPONSE TO CHILD ABUSE AND MALTREATMENT

Child abuse is a hurt to all communities. Children from all racial, religious, social and economic groups are its victims. Abuse and maltreatment are symptoms of a society in trouble – a society in which the individual is dehumanized and the family is disintegrating.

News stories daily remind us of the horrors of child abuse and maltreatment. Nationwide, public agencies receive over 300,000 reports of suspected child abuse or maltreatment every year, and each year 2,000 children die in circumstances in which abuse or maltreatment is suspected. But no one knows for sure how many more children suffer harsh and terrible childhoods without their plight being detected and reported to the authorities.

Everyone pays the price of a young child's suffering. From the most practical as well as the most humanitarian points of view, it is less expensive and more humane to protect and nurture these children within a rehabilitated family environment than it is to endure the social costs of their continued abuse and maltreatment.

Unless we take compassionate yet firm steps to improve their plight, we consign these children to a life of continuing deprivation and peril. And we consign our communities to a future of aggression, drug abuse and violence.

Abused children often grow up to be socially destructive—to vent on others, particularly their children, the violence and aggression their parents visited upon them. As New York City Family Court Judge Nanette Dembitz rightly said: "The root of crime in the streets is neglect of children."

As a society, we have provided a combination of laws and procedures through which professionals and private citizens who come in contact with endangered children can, and in some situations *must*, take protective action. Laws have established reporting procedures, authorized the taking of children into protective custody and assigned child protective responsibilities to social agencies and the police. Laws have also created juvenile and criminal court jurisdictions and fostered treatment programs—all to protect vulnerable children and families.

But in almost every community in the nation, there are inadequacies, breakdowns and gaps in the child protective process. Detection and reporting are haphazard and incomplete; protective investigations are often poorly performed; and suitable treatment programs exist more in grant applications than in practice.

For far too many endangered children, the existing child protection system is inadequate to the life-saving tasks assigned it. Too many children and families are processed through the system with a paper promise of help. For example, as many as three-quarters of those children who die in circumstances in which abuse or maltreatment is suspected were known to the authorities before their deaths.

More fundamentally, prevention is an easily touted though little understood and unevenly pursued goal. Existing child protective procedures treat child abuse and maltreatment only after the fact, not on a primary preventive level. As was pointed out ten years ago, "Preventing neglect and battering depends in the long run on preventing transmission of the kind of social deprivation which takes children's lives, damages their physical health, and retards their minds, and which contributes through those who survive

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Douglas J. Besharov, J.D., LI.M., is director, National Center on Child Abuse and Neglect, Children's Bureau, OCD. His article is based on a speech delivered at the Louisville Child Abuse Colloquium in May 1975. It was prepared with the assistance of Nancy Fisher and Jose Alfaro.

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to a rising population of next generation parents who will not be able to nurture children."

The challenge we face is not so much to discover what works; to a great extent we know what works. We must now discover how to develop the cooperative community structures necessary to provide needed services efficiently, effectively and compassionately.

According to conventional wisdom, the failure of our child protective institutions is caused by a dreadful lack of facilities, protective workers, social workers, judges, shelters and probation workers, and of all sorts of rehabilitative, social and psychiatric services. Undoubtedly, if we poured more millions of dollars into existing programs, the picture would be less bleak. But existing facilities and services, if properly utilized, could go a long way toward fulfilling the need to protect children.

Rehabilitative services are delivered by a social service system that is fragmented, overlapping and uncoordinated. If such diversity and competition created better services for children and their families, the lack of focus and unity in the system would not be of great concern. But the result of such fragmentation has been blurred responsibility, diluted resources and uncoordinated planning, all of which severely limit the effectiveness of the overall approach. Local child protective agencies, police, juvenile courts, hospitals and a variety of other public and private agencies share, divide and duplicate scarce resources. The waste in manpower, expertise, record keeping, administration and policy planning caused by the existing fragmentation of services was never justified. It cannot now be tolerated in this period of severe budgetary constraint.

The patchwork complex of agencies and laws with divergent philosophies and procedures that makes up the average community's child protection system has been widely criticized.[2] Responsibility is frequently passed from one agency or individual to another. Anywhere from three to eight agencies can be involved in a particular case. This means that three to eight separate individuals must become acquainted with the case, three to eight separate sets of forms must be filled out, three to eight separate filing systems are maintained with possibly inconsistent information recorded and three to eight referrals are made—all offering the possibility of administrative or bureaucratic fumbling.

The result is a system that limits the involvement of individuals and makes them powerless. As Dr. Ray Helfer has complained, often no one person is responsible and no one person is accountable. Additional consequences of fragmentation are frequent losses of information—situations in which one agency has critical information concerning a child's care or condition which is not communicated to the "appropriate" agency. Compounding this fragmentation and lack of involvement is a general absence of follow-up of referrals among agencies. One can well appreciate the frightful reality of endangered children "falling between the cracks."

While present efforts to prevent and treat child abuse and maltreatment are of limited effectiveness, the potential for helping families meet their child care responsibilities is great.

Children can be protected and their well-being fostered by helping parents to "parent." There are programs in all parts of the nation helping parents cope with the stresses of family life in our modern society. Social casework, psychological and psychiatric services, child abuse teams, lay therapists, parent surrogates, day care, Parents Anonymous groups, homemaker services, education for parenthood, and a whole range of other concrete services and programs can and do make a difference in the level of family functioning.[3] Unfortunately, these successful programs often are not seen as part of the child protection process in most communities. Either they are not available to protective services or they are not used. To fail to involve these family building programs in the protective process is to ignore an approach that can and does make an improvement in the level of family functioning.

Treatment is a community process. Without the use or, when necessary, the development of diverse, indigenous and, therefore, responsive programs, we consign the child protective process to the abusive

removal of children from their homes, the overuse of foster care and the futility of treatment during brief bimonthly home visits.

Prevention, too, is a community process. It is necessary to incorporate into our individual, family and community life a greater understanding of family hygiene. A renewed sense of respect for the human growth of all individuals within the context of the family would do more to lower violence and aggression against the young than any number of social agencies which can become involved only after the process of family breakdown has progressed almost past the point of irremediable damage.

Public Support

Though the efforts of concerned professionals are indispensable to the coordination and improvement of services, the key to real progress is an informed and aware citizenry. Child abuse and maltreatment are not new problems but, traditionally, the moving force for the development of treatment and preventive programs has existed largely in the professional community. Broad based public support—crucial for the funding of programs and the breaking of bureaucratic logjams—has been missing. Although sympathetic citizens have been enraged and shocked by the inherent sensationalism of individual child abuse and maltreatment cases, until very recently overall public awareness, understanding and support have been sporadic and unfocused.

When exposed to an abused child, the first reactions of most people are utter disbelief, denial and avoidance. Finding the cruel and tragic condition of the child beyond their capacity to understand, they deny that the injury was deliberately inflicted or that a parent could be responsible. They deny the horror of a child's home environment and the probability that the child and his siblings had been battered previously. Even more painfully, people meeting such children evade their own responsibility, explaining "I don't want to get involved"; "It's not my job"; "I don't want to come between the child and his parents"; or "Don't ask me to report a parent to the authorities—that would be interfering with the privacy and rights of the family."

Because of the tremendous publicity generated by numerous sensational cases in communities across the nation, we are reaching a time when the public can no longer refuse to see the evidence for what it is—that children do suffer almost unbelievable harm at the hands of their parents.

Now, there is a danger that denial will turn to outrage and overreaction. Upon confronting child abuse, citizens as well as some professionals sometimes act as if they have discovered absolute evil.

The reality of child abuse is so awful that a harsh, condemnatory response is understandable. But such reactions must be tempered if any progress is to be made. If we permit feelings of rage towards the abusers of children to blind us to the needs of the parents as well as of the children, these suffering and unfortunate families will be repelled and not helped. Only with the application of objective and enlightened policies can treatment, research, prevention and education be successfully performed.

Hitherto, the publicity attached to spectacular cases has served to educate the public and professions to the existence and nature of the problem. Henceforth, the burden will be on concerned members of society to devise procedures for the protection of these unfortunate youngsters through the rehabilitation and strengthening of their families. There must now be a reversal in the attitude of the public toward parents who have been seen as cruel perpetrators. In the words of Dr. Vincent J. Fontana, "We must come to realize that there are *two* victims of child abuse—the child *and the parent.*"

Mounting public awareness now needs to be sharpened and developed into a constructive, effective force for far-reaching reform. An intensive national public service campaign on child abuse and maltreatment can meet prejudices, emotionalism and misunderstanding head on. Sympathy for abused

and maltreated children must be channeled into constructive help in their behalf.

All citizens must recognize the critical need to strengthen the family so that it can better cope with periods of stress. The public must come to understand that in certain circumstances almost any family can have difficulty coping and that, at such times, the family members must be able to seek and find help. Only if this level of understanding is reached can public concern be channeled into true community action.

Child abuse laws provide only the legal and institutional framework for action. A law lives in the way it is used. Child abuse and child maltreatment are family and community problems. If we are to prevent and treat them, we must have a community commitment to fostering the emotional and behavioral hygiene of the individual, the family and the community.

Child abuse must be understood as a function of uncontrolled or uncontrollable personal, familial and social stress. Despite popular misconceptions, most abusing parents are not sadists, criminals or mentally retarded persons. Abusing parents are capable of loving the children they harm and they often experience great guilt and remorse about their abusive behavior. In many ways, they are like all parents. But when they experience moments of anger and frustration, they are likely to take it out on their children. Sometimes they confuse discipline with the expression of their own inner fury.

All parents and parents-to-be can benefit from family-life education and a knowledge of child development. Parenting is not instinctive, and experts have learned a great deal about child rearing that needs to be communicated to parents. As a first step, parents must be taught that when they are under stress their children can be in danger.

The abusing or imminently abusing parent must be reached. Parents who have problems in rearing their children are acutely sensitive to being labeled sick, sadistic or degenerate. They also fear punishment and jail. If these parents sense this attitude in treatment programs, they will pull away, further endangering their children, or forcing a protective agency to remove a child from his home. A truly rehabilitatively oriented social system must create an understanding atmosphere, even though further abuse or maltreatment cannot be condoned.

Often these parents are the most difficult to reach, for they are usually isolated people, fearful of the possible community response to their behavior. But they must be reached and told that help is available—help that can enable them to better meet their parenting responsibilities, keep the family together and protect the child within the family home. Parents need to be told where they can seek help, including help from family service agencies, child protective agencies, self-help groups, doctors, visiting nurses, day care programs, clergy, neighbors, friends and family. They need to be assured that someone cares, that someone is willing to help them when they need help. But if we expect troubled families to come forth, the help offered them must be real.

Prevention and treatment are a community responsibility. We know that there are many current programs which have demonstrated that they can successfully help parents care for their children and maintain family life. Every community must take inventory to see whether it has the basic ingredients for a comprehensive, indigenous and responsive program to meet local needs for the prevention and treatment of child abuse and maltreatment and to aid parents in stress.

Over 100 years ago, Emerson wrote: "If a man can write a better book, preach a better sermon, make a better mousetrap . . . the world will make a beaten path to his door." So too, if we build community resources that better help families function, families in need will beat a path to their doors.

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2. See, e.g., DeFrancis, Vincent, *Child Protective Services: A National Survey* (1967) and New York State Assembly Select Committee on Child Abuse, *Report* (April 1972).
3. See the special series of articles on child abuse and neglect in the May-June 1975 issue of *Children Today.*

ON DEFINING CHILD ABUSE AND NEGLECT

How the child abuse and neglect problem is defined determines what approaches are needed to deal with the problem. The project view, based on our practice as rural social workers, is best expressed by David Gil in the following two excerpts:

> Every child, despite his individual differences and uniqueness, is to be considered of equal intrinsic worth, and hence should be entitled to equal social, economic, civil and political rights, so that he may fully realize his inherent potential and share equality in life, liberty and happiness. In accordance with these value premises, then, any act of commission or omission by individuals, institutions or society as a whole, and any conditions resulting from such acts or inaction which deprive children of equal rights and liberties and/or interfere with their optimal development constitutes, by definition, abusive and neglectful act or conditions (Gil, 1975).

In *Violence against Children,* Gil concluded that ". . . abuse of children committed or tolerated by society as a whole, by permitting millions of children to grow up under conditions of severe deprivation, [is] a much more serious problem than abusive acts toward children committed by individual caretakers" (Gill, 1973). Gil's views are further elaborated in the following paper, and they represent this project's perspective on child abuse and neglect (Gil, 1976).

Child Abuse and Neglect Outside the Home

Child abuse and neglect is not restricted to the home. It is a phenomenon that characterizes our society. Abusive and neglectful practices are perpetuated even, or perhaps especially, by those institutions created to serve families and to protect children. These practices are not widely recognized because prevailing definitions of abuse and neglect do not address many of the levels and causes of the problem.

A holistic definition of child abuse, based on an egalitarian social philosophy, must encompass any inflicted deficit between the specified rights of children and their circumstances of living, regardless of the source of the deficit. Defined holistically, abuse occurs on several related levels: on the **interpersonal level** in the home and in child-care settings; on the **institutional level,** through the policies and practices of a broad array of child-care, educational, welfare, and correctional institutions and agencies; and on the **societal level,** where the interplay of values, institutions, and processes shapes the social policies that determine children's rights and existential realities.

The primary causal dimensions of child abuse in a society are the dominant social philosophies and value premises; the social, economic, and political institutions shaped by the society's philosophies and values: and the quality of human relations stemming from these institutions, philosophies, and values. Other causal dimensions include the ways society constructs childhood and defines children's rights; the extent to which it sanctions the use of force in child rearing; the stress and frustration resulting from poverty and from alienation in the work place; and the expressions of intrapsychic conflicts and psychopathology, which are rooted in the social fabric. While any particular level of child abuse may be more closely related to one causal dimension than to another, the dimensions are not independent. Each exerts its influence through interaction with the others.

Effective primary prevention of child abuse requires that we work toward transforming all the causal dimensions simultaneously. It requires:

(1) Fundamental changes in social philosophy and values, in institutions, and in human relations.

(2) A reconceptualization of childhood, children's rights, and child rearing.

(3) Rejection of the use of force as a means to achieve societal ends, especially in dealing with children.

(4) The elimination of poverty and of alienating conditions of production — two major sources of stress and frustration that tend to trigger abusive acts.

(5) The elimination of psychological illness.

Fragmented approaches focused on one or the other causal dimension may bring some amelioration, but even such important and necessary steps as outlawing corporal punishment in schools and other child-care settings would, in isolation, have only limited results.

Primary prevention of child abuse is a political issue that cannot be resolved through professional and administrative measures. It will entail a radical transformation of the prevailing social order into one that is truly just, egalitarian, rational, cooperative, decentralized, humane, and democratic. What is called for is a revolution of archaic values. Such revolution requires time. Although the goal is distant, we must not lose heart. We must develop a perspective that allows us to amerliorate the suffering of today in a way that will not perpetuate the problem. Protective service workers, for example, can help the families they serve to understand that abuse and neglect are social problems, not merely individual problems. By explaining that the oppressive dynamics of society impact all people, social workers can help begin the revolution of values.

Developing truly egalitarian social philosophies, values, and institutions would result not only in elimination of child abuse, but also in the prevention of other, equally undesirable and equally inveitable symptoms of the prevailing social order, including many manifestations of social deviance. With benefits of this order at stake, why is our energy not directed toward such primary prevention? In short, because to do so would require that we transform the present social, economic, and political order with which much of our society is identified. Due to inertia, we are unable to search actively for alternatives that might be more conducive to human fulfillment. Many of us are even consciously committed to the existing order, not realizing how destructive that order is to our real interests (Gil, 1976).

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CHILD ABUSE AND NEGLECT INDICATORS

The following indicators of abuse and neglect are to be considered pointers, ways to alert people, groups, or institutions that if these conditions or happenings are repeated often or increase in severity, abuse and neglect will exist. Some indicators are abusive or neglectful by just one event; others form a continual scale over a time period.

These indicators were developed in November, 1975, by 135 professional participants attending a conference on children's rights in Monongalia County, West Virginia.

Indicators are found in home, institutions, or society. In scope, they may be physical, emotional, social, educational, or sexual.

Failure to Provide Basic Curriculum of Reading, Writing, and Arithmetic

The parent permits a child to attend school and sees that he/she attends. The education offered by the system, however, depends on the teacher, administrators, school board, and PTA input. Support services and money come from taxation. All of society, therfore, is involved in providing basic education to all children and youth. Recent state laws have enforced expansion to handicapped and homebound youth.

Failture to Supply Appropriate Growth and Development Measures and to Seek Evaluation and Treatment for Physical and Emotional Problems

Medical science can either correct physical or emotional problems or offer rehabilitative substitutes. The child, however, must be taken to medical services and permitted to be evaluated and treated. Well-child clinics offer these diagnostic services throughout the state. Failure to utilize these services for the child's well-being is neglectful.

"If Caretaker Uses Drugs to Produce Substantial State of Stupor, Hallucinations, Disorientation, or Incompetence or Impairment, of Mental Functions, This is Considered Neglect"

The above statement is New York state law. It is believed that such a caretaker is incapable of caring for a child. The findings are *prima facie* evidence for neglect.

Disallowing or Obstructing Positive Personal Interchange Within and Beyond Home, Institution, or Work-Study Places

Some children and youth are kept isolated within the home and never learn to meet persons from various cultures, races, ages, and vocations. Field trips are not permitted. The ability to exchange ideas with other persons is never developed. This limits personality growth and thwarts future options.

Withholding Information or Giving Misinformation Regarding Total Sexuality (Maleness and Femaleness) Appropriate to Developmental Level

Sex education begins informally in the home by parental example showing respect for maleness and femaleness. Factual information is requested by the curious child. If the informed adult does not impart appropriate answers, the child may seek further information from peer groups, media, or pornography.

Refusing to give answers or promoting myths (e.g., stork) leads to anxiety, confusion, and possibly scars on future sexual adjustment.

Rejecting the Dependent Personality

Some adults are so inadequate themselves and need to be mothered that they cannot accept a child or a disabled person to be dependent on them. They cannot assume responsibility or accept a mature adult role. They will not share. As a result, they either fail to provide for the child or take away from the child to satisfy their own needs.

Failure to Prepare for Parenting Role

Parenting role understanding is the most important underlying need for prevention of abuse and neglect. If all persons knew how to be adequate parents, there would be no problem. A large part of public education should be devoted to teaching youth how to be parents. Subjects would include hygiene, nutrition, budgeting, home management, growth and development of children, child care, human sexuality, social relationships, interpersonal responses, and family life.

This should be the first priority of any abuse/neglect program. The whole community should be responsible for these subjects being introduced into schools and in informal adult groups.

Failure to Accept Child as Individual with Own Self-Esteem

Children are persons with their very own characteristics and potentials. They are not just small-sized adults. They need to have time to explore and develop under gentle parental guidance. Mistakes will be made. Clumsiness will happen from growing muscles. Thought processes will not be totally logical.

Children do have feelings which should be respected. They do try to help, in their way and in their time span. Growth and development periods should be understood, anticipated, and respected by adults.

Kids are persons, too.

Shaking, Throwing, or Dropping the Body

Vigorous shaking will lead to diffuse hemorrhages within the brain by the whiplash mechanism (Sarsfield, J.K., 1974). J. Caffey includes intraocular bleeding also and links shaking with residual permanent brain damage and mental retardation (Peds, 1974). Some previously normal children exhibit reduced head circumference after battering and shaking and subsequent cessation of skull growth and retardation (Oliver, J.E., 1975).

Brain hemorrhages have also occurred from hair or braid pulling (Hussey, H.D., 1975).

Hitting the Face or Head

(J.K. Sarsfield, 1974) speculates that cerebral damage from hitting the face and head and vigorous shaking may also explain mental retardation and palsy. Without external signs of injury, youngsters may have hemorrhages in the retina of the eye or just under the skull. Diffuse contusions of the brain may also occur. As damage recurs, there may be spasticity, blindness, convulsions, and cessation of normal development. Emotional and physical deprivation also accompanies the injury.

Exposing or Using the Minor's Body for Another's Sexual Gratification

An 18-month-old infant was hospitalized three times in one month for serious swelling and scratch marks on the vulva. The final diagnosis was severe venereal disease from a caretaker's sex act (New York Medical Journal, 1975).

Setting Unrealistic Goals and Demanding Fulfillment of Them

Many parents determine before birth the vocation or intellectual goal for their offspring. Many students know that they have to strive for these goals in order to be accepted at home. Youths who are forced into training programs or major fields for which they have no ability, aptitude, or desire suffer emotionally for years. Some are fortunate to choose another field when they become inuependent of home ties; others are locked into the wrong field for a lifetime. Marriage partners may be chosen in the same way.

Persistent Negative Verbal or Nonverbal Response to Child's Own Personality

Continually telling a child that he is "no good," "stupid," "clumsy," or "useless" results in the child's developing negative feelings about himself. A child who can never please his caretaker suffers a great deal emotionally.

Perhaps even more damaging to the child is never talking to him at all. Some children arrive at the school registration desk and cannot talk, because of verbal isolation. Some mothers claim that they did not know a child needed to be talked with. A child who is ignored by family members is isolated and will be unable to develop social skills.

Cultural Tolerance for Severe Corporal Punishment

Dr. David Gil, who has written a great deal about child abuse, has stated that two-thirds of abuse develops out of disciplinary action. First, there is a generally culturally permitted use of some measure of physical force in caretaker-child interaction. Certain ethnic traditions include physical force in child rearing. When environmental circumstances weaken the caretaker's self-control or impulse control, that caretaker will overuse the physical force which he has routinely used on other occasions. There are no clear-cut legal prohibitions or sanctions against this pattern of violence, so it continues unchecked.

Gil suggests that the greatest preventive measure against child abuse would be to change the use of physical force in child rearing. Second, cultural tolerance must end. Groups can work toward this in institutions and systems (Pediatrics, 1969).

Application of Excessive Heat or Cold, Unless Prescribed for Medical Treatment

Some caretakers punish children by holding their hands over hot stoves or forcing the child to sit on hot radiators. Locking the thinly clad child out of the house on cold winter days is another kind of punishment. Many children are burned with lighted cigarettes, hot electric irons, or hot pokers from a fireplace.

Using Anything Other than Hand to Hit the Body

When hitting a child with a human hand, the adult will be limited by his own pain threshold. If an object such as paddle, belt, hairbrush, or stick is used, unusual force will be exerted. The medical

literature cites many cases of serious organ damage, even death. Hemorrhages of bowel, pancreas, and ruptured liver have been reported. Case reports of collection of lymph material in the abdomen have been cited (Hussey, H.H., 1975).

Failure to Respond Verbally or Nonverbally to Personality Growth

Not all children and youth are cut from the same pattern of their caretakers or supervisors. If no other differences exist, they surely represent a new generation with new sets of stimuli.

Constantly ignoring or shrugging away a child's curiosity will squelch his creativity. Constantly putting down his attempts to gain recognition, to share his work or ideas, or appreciate his small accomplishments will either limit his activites or foster bitterness, hostility, or rebellion.

Uncleanliness, by Itself, Does Not Indicate Abuse or Neglect

Exploring children like to play in the earth and mud and sand. Getting dirty is part of the fun. Any adult who recreates at hunting, fishing, or camping understands this. Household tasks and workplaces also lead to uncleanliness as part of the job. Uncleanliness, therefore, is not necessarily an act of neglect. It must be considered in the context of other conditions or happenings.

The Blocking of Appropriate Experiential Activities

As a child develops, he/she needs an ever-widening circle of experiences to be able to meet the adult world when the time comes. Experiences develop a child mentally, physically, and socially. A child who is never talked to does not learn to talk or has limited vocabulary. A child who is kept in a playpen or jumper beyond the need for such items will delay development of muscles.

Group participation in school, clubs, and neighborhoods allows social skills of getting along with others. The child who is denied these interpersonal contacts fails socially and becomes isolated and depressed.

Failure to appropriate public money for youth activities may block many opportunities for youth.

Withholding or Failing to Supply Basic (Food) Nutrients, Warm Clothing, Dry Shelter, and Safe Environment

Some caretakers put their own needs and comforts so high on their priority list that their children get little food, clothing, and inadequate shelter. Others withhold these basic needs in a form of punishment. Some persons leave small children alone at home without responsible supervision.

As long as any child in a community is hungry or poorly clothed or sheltered, society must use appropriate means to meet these needs. Letting children suffer from lack of necessities because "their parents are no good" is an irrational excuse.

Permitting and Condoning Delinquency

Adults promote "ripoffs" by their actions, such as stealing ashtrays and towels from public places, carrying home small items from the workplace, bragging about pulling off fast financial deals over someone's loss. Adults misuse drugs, alcohol, food, energy, and by example promote similar abuse by their offspring.

Getting by the law is often bragged about. Peer groups or kin groups give sanction to lying, cheating, stealing, exploiting. Moral standards of the whole culture are involved.

Limiting or Denying Available Educational Opportunities

Many persons are afraid to let children and youth explore a wide range of activities, vocations, cultural experiences, or creative opportunities. They give reasons such as children will get out of hand; what they don't know won't hurt them, when I was a kid, I didn't have all this; they better not get big ideas.

Some persons limit a whole school system by controlling funds by taxation limits, by refusal to participate in meaningful planning, by failing to revise curriculum to meet modern needs, by disallowing exploration of many varied subjects and vocations.

Enrollment in teacher training courses at the college level is offered to many persons who will not serve the best interests of their future students.

Exploitation through Crime, Vagrancy, Excessive Work Demands

Perpetrators behave like children emotionally and often force their own children into an adult role so that the perpetrator can remain childlike. Girls especially are kept out of school to do the family housework, care for younger siblings, or care for mothers who feign illness. One or the other parent may promote sexual promiscuity for the family coffers or for emotional thrills.

Failure by communities to provide ways and means for individuals to support themselves and their families adequately may lead to crime as a means of acquiring money or goods. The relationship between drug abuse and crime is well known.

Inadequate recreational facilities for leisure-time activities may allow the development of criminal acts to fill the void.

Promoting Anxiety State

Many children are continually threatened as an erroneous form of discipline. Parents say, "If you do not behave, I will call the police to put you in jail; if you do not behave, I will call the doctor to give you a shot; if you do not behave, I will leave you and never come back again."

Sometimes personal possessions are hidden or thrown away or into a heap "to teach a lesson." The child has no long-term grasp on his own things.

Predictions for future suffering such as telling a little girl that she has much "to go through" as a woman with reference to the "ordeals" of childbirth or the monthly "curse" are common.

Reminding a child that he was the cause of a family catastrophe also promotes guilt and anxiety. "You bit Mommy in the breast once, and now she has cancer there." "Your outrageous behavior drove Daddy/Mommy to drink." "Because you went and broke your leg, we can't afford a summer vacation, and the whole family will have to stay home and be miserable."

Society promotes anxiety in persons who cannot find jobs because of unavailability of jobs or inadequate vocational preparation at the local level. Feelings of inadequacy develop in those who cannot provide basic needs of food, clothing, shelter for their dependents.

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ROLES IN ALLEVIATING CHILD ABUSE AND NEGLECT

After community members become aware of the broad scope of child abuse and child neglect, they will naturally wonder, and maybe even worry about, what to do next. A role model designed to answer their questions was developed and tested during the year of the children's rights project (see page 30). Interdisciplinary vocabulary words were used so that persons of all vocations, professions, ages, or management levels could seek their role. Pertinent words and definitions are:

Observer: anyone who sees conditions among individuals, groups, institutions, or society which may indicate abuse and/or neglect.

Perpetrator: any one person, group, institution, or community that performs acts of commission or fails by acts of omission, thus blocking potential development of children.

Caretaker: any parent, relative, friend, teacher, institutional personnel, or anyone else responsible for a child.

Mediator: any person, group, system, or change which can intervene to prevent, treat, or rehabilitate children, families, institutions, and/or communities. Some mediators are professionally trained to do this, but all persons may be involved.

Community: all persons within a geographical area – town, district, county, or state. Areas may overlap.

Now refer to the model and begin with the observer. **Anyone** who sees the situation or conditions of an abused or neglected child should **tell** a mediator. Anyone, anywhere, anytime, may be an observer. The only way the child will be helped is to have the observer tell someone (mediator) about his or her observation. If the observer chooses a competent mediator who will follow through, the observer's role is over. For example, physicians, nurses, schoolteachers, day care workers, etc., may be observers. By telling the protective service worker (example of a professional mediator), the observer's role is completed.

Some mediators acquire their label informally – grandparents, motherly or fatherly neighbors, concerned citizens. Hopefully they can define their own role and decide when another level of expertise is needed. The numbers of available professionally trained mediators will vary by geographical area. Each county should have a protective service worker, public health nurse, and mental health professional (or more than one). Voluntary agencies vary with population size. Each community is responsible for locating professionally trained mediators.

Whoever the mediator, he/she must immediately focus attention on the child and determine if the child is safe, potentially unsafe, or unsafe. Once this major decision is made, the actions to be taken appear in the model. At no time does the mediator drop the case after a cursory review. Several visits must be made to the family or situation site, and evaluations should be made over a period of time. All actions should be based on the child's safety, and the least detrimental alternative should be chosen.

If the child is unsafe, immediate investigation and removal of either the child or the perpetrator must occur. The child's condition may indicate hospitalization, or perhaps temporary foster care will be initiated. Several disciplines should be involved to deal with the child, the family, and the situation. After all facts are weighed and the least detrimental (to the child) alternative is chosen, permanent removal from the home may be proposed to the circuit court. This is rarely needed; alternatives would depend heavily on community services and long-term follow-up.

The child in a safe situation is by no means forgotten or left to his own or family's fate. The community is called upon to provide for the basic needs of the child and/or caretaker, to reverse indicators through information, education, and behavior change, and to promote child-adult

interrelationships. The process occurs over many months or years.

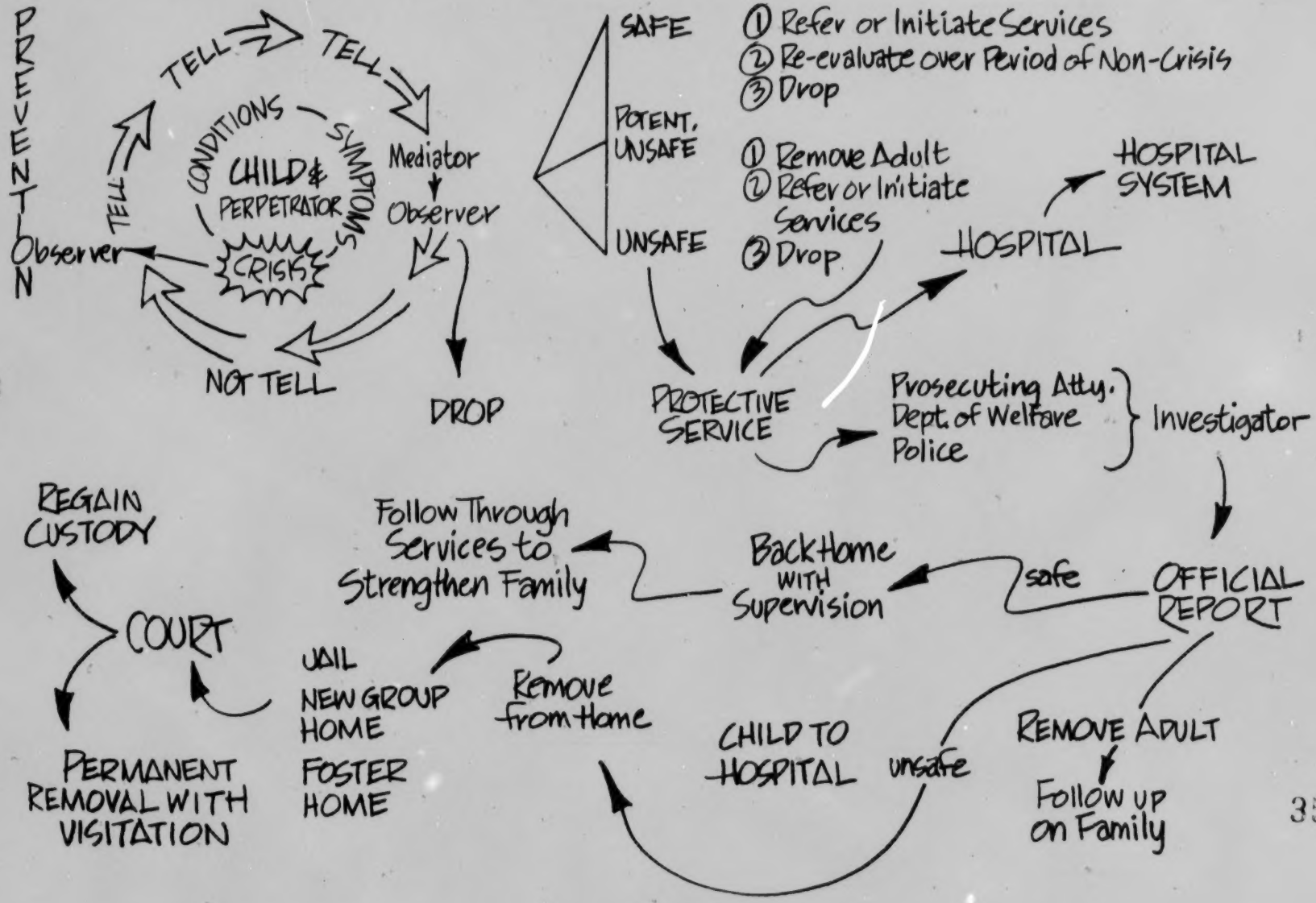
The potentially unsafe child is in a precarious situation in that at any time, he/she may become unsafe. Frequent evaluations and close contact must be made by the mediator or a designee. At any time of unsafety, the removal route must be taken. If the child remains within the situation, supportive services from the community must be used to strengthen the child-caretaker interrelationships.

So far the action model has been picturing a one-to-one situation where observer sees child and causes intervention by team planning and services individualized for that child. The damaging conditions or crises have occurred, however, and the child will probably be at least emotionally scarred for life. The action is after the fact. How much better all children would develop if abuse and neglect were prevented.

The children's rights project as well as all other projects comes to the conclusion that prevention is the prefered route. Prevention is a total community commitment. The left side of the role model relates to the entire community for this reason. Four major areas of activity are mentioned, but the most basic is the first: define and promote children's rights.

Only when a community is willing to develop a consensus toward recognition of children as valuable human citizens rather than chattel of parents will true prevention of abuse and neglect be feasible. Hopefully this self-help manual will serve to initiate discussion and understanding of this vital premise.

DECISION MAKING IN CHILD ABUSE AND NEGLECT



YOUR ROLE IN ALLEVIATING CHILD ABUSE & NEGLECT

PREVENTION

IN THE COMMUNITY

- CITIZENS DEFINE & PROMOTE CHILD'S RIGHTS
- CITIZENS PROVIDE BASIC NEEDS OF CHILD & NEEDS OF CARETAKER
- CITIZENS BECOME AWARE OF INDICATORS
- CITIZENS PROVIDE SERVICES TO DEVELOPE ADULT-CHILD RELATIONSHIPS
  - A. Individual
  - B. Institutional

PROFESSIONALLY TRAINED

- PROTECTIVE SERVICE
- FAMILY SERVICE
- VALLEY COMM. MENTAL HEALTH
- HEALTH DEPT.

INVESTIGATE AND IMMEDIATE REMOVAL TO:

- A. Hospital
- B. Temporary Foster Care
- C. Interdisciplinary Team to Formulate Plan
  - Services meeting needs of Child & Family
  - Circuit Court Hearing for Permanent Removal if Indicated
- D. Remove Perpetrator

TEXT: Marilyn A. Jarvis-Eckert, MD

THE TOTAL PICTURE

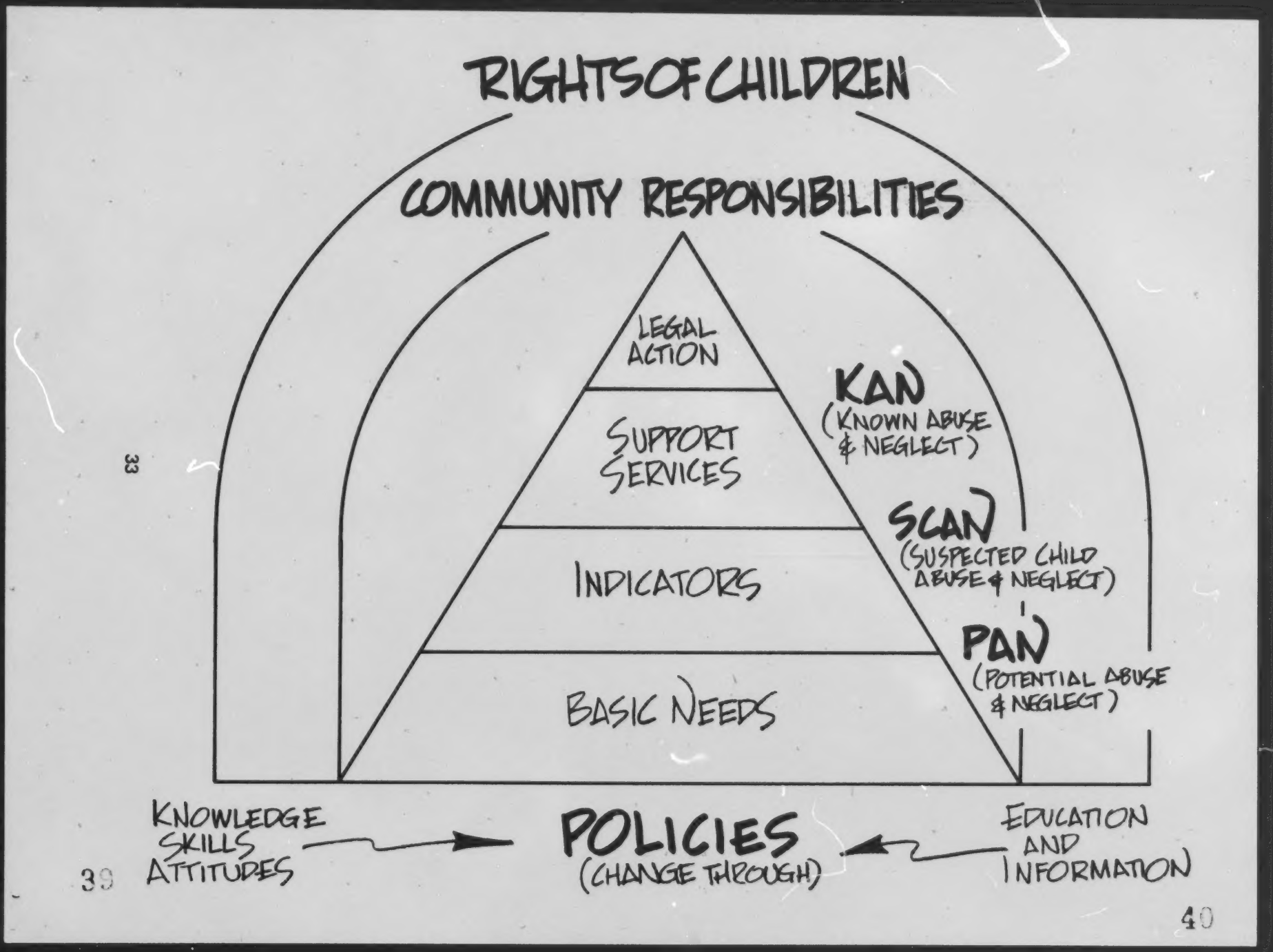
When persons are interviewed on the street and asked their views on child abuse and child neglect, they will invariably describe the sensational case of a severely battered or tortured child. These diagnoses are obvious to anyone. The project calls these cases "known abuse and neglect" (KAN). They represent the tip, so to speak, of the whole iceberg of child abuse and child neglect. In the model on page 33, the known cases are represented by the top triangle. As indicated, immediate legal action is needed to protect the child. Mediators think first of a safekeeping place for the child – usually the hospital – and follow up with legal action and services to child and family.

Another group of youngsters may illustrate "suspected child abuse and neglect" (SCAN). They exhibit less obvious signs and symptoms than the KAN children, but alert observers will recognize their need for "supportive services" in an attempt to reverse the processes.

The more subtle indicators (see list of indicators, page 22) help to define still another level, called by the project "potential abuse and neglect" (PAN). This is surely a very reversible stage, and every effort should be focused at this level to keep PAN from becoming a SCAN case or a KAN case.

Essential to the well-being of every child is the supply of basic needs: food, shelter, physiological needs; safety; love; need to belong and be loved; feeling of self-esteem, etc., according to Abraham Maslow's list. If these basics were adequate, there would be very little PAN, SCAN, or KAN. How can these supplies and services be provided? The circle above the iceberg presents the role of community responsibilities based on the use of knowledge, skills, and attitudes to effect policy change through education and information. All citizens should be concerned about all children in their community. Some citizens will manifest their concern through community actions to promote parenting classes, develop day care centers, and expand public school curriculum in family life.

Whatever innovative moves are made, one very important attitude must be clear – the right of a child to be a person, not a chattel of his parents nor the ward of an institution. As long as a majority of community members believe that parents' actions are wholly private and no one should interfere with the "sanctity" of the home, the community must expect PAN, SCAN, and KAN to exist within the community boundaries. The iceberg can be melted by universal practice of children's rights. (Note: see pages 25 to 27 for discussion of children's rights.)


RIGHTS OF CHILDREN
COMMUNITY RESPONSIBILITIES
LEGAL ACTION
SUPPORT SERVICES
INDICATORS
BASIC NEEDS
KAN
(KNOWN ABUSE & NEGLECT)
SCAN
(SUSPECTED CHILD ABUSE & NEGLECT)
PAN
(POTENTIAL ABUSE & NEGLECT)
KNOWLEDGE
SKILLS
ATTITUDES
POLICIES
(CHANGE THROUGH)
EDUCATION
AND
INFORMATION

CHILDREN'S RIGHTS: THEORY AND PRACTICE

The remediation and prevention of child abuse and neglect is not truly possible until children are guaranteed special and fundamental rights by the constitution and other legislation. Citizens are awarded rights through these two sources; however, the rights of children are not consistent or clear. From day to day, federal, state, and local judiciaries interpret differently the constitutional and legal rights of children. For these reasons, organized efforts must be continuously made to advocate for amendments to the United States Constitution which clearly outline the special and fundamental rights of children. This would force states to recognize the need for comprehensive changes in state codes regarding children, and provide federal, state, and local judiciaries with clearer guidelines in rendering decisions regarding children. It would also provide the base for a national policy on children to guide our institutions in their policy actions toward children and their families.

The most predictable argument by opponents to amending the Constitution will be that this will be detrimental to the stability of the family. The amendment would limit the power of adults, not "only" parents, to make arbitrary decisions concerning the rights of children. It would ensure that children be heard as separate individuals by mandating that decisions made by persons in authority need to be based on the needs, abilities, and responsibilities of all the parties involved.

Following are two lists of children's rights. The first was drafted by the New York State Youth Commission and the second by the General Assembly of the United Nations. Both address the special and fundamental rights of all children. They may be helpful to you in beginning to orient citizens, professionals, and institutions to the concept of children's rights. Hopefully, they will encourage citizen groups to work to have them granted.

Children's Bill of Rights

For each child, regardless of race, color, or creed:

(1) The right to the affection and intelligent guidance of understanding parents.

(2) The right to be raised in a decent home in which he or she is adequately fed, clothed and sheltered.

(3) The right to the benefits of religious guidance and training.

(4) The right to a school program, which in addition to sound academic training, offers maximum opportunity for individual development and preparation for living.

(5) The right to receive constructive discipline for the proper development of good character, conduct and habits.

(6) The right to be secure in his or her community against influences detrimental to proper and wholesome recreation.

(7) The right to individual selection of free and wholesome recreation.

(8) The right to live in a community in which adults practice the belief that the welfare of their children is of primary importance.

(9) The right to receive good adult example.

(10) The right to a job commensurate with his or her ability, training and experience, and protection against physical or moral employment hazards which adversely affect wholesome development.

(11) The right to early diagnosis and treatment of physical handicaps and mental and social maladjustments, at public expense whenever necessary.

Written by New York State Youth Commission.

DECLARATION OF THE RIGHTS OF THE CHILD

Principle 1
The child shall enjoy the rights set forth in this Declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

Principle 2
The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

Principle 3
The child shall be entitled from his birth to a name and nationality.

Principle 4
The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate prenatal and postnatal care. The child shall have the right to adequate nutrition, housing, recreation, and medical services.

Principle 5
The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6
The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance toward the maintenance of children of large families is desirable.

Principle 7
The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society. The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents. The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavor to promote the enjoyment of this right.

Principle 8
The child shall in all circumstances be among the first to receive protection and relief.

Principle 9
The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10
The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood and in full consciousness that his energy and talents should be devoted to the service of his fellow man.

Adopted unanimously by the General Assembly of the United Nations on November 20, 1959.

OTHER IMPORTANT PROJECT CONCEPTS

I. Self-Help

Historically rural people had to take care of most of their own needs, because they were isolated from outside resources. Thus the definition for self-help used by the ACCR project is from Webster: "Self-help n: The act of taking care of oneself without outside help, as in improving the mind or abilities through study." Self-help is congruent with rural culture and consistent with the relative scarcity of professional human services resources in rural areas.

Gartner and Riessman (Gartner and Riessman, 1976) arrange self-help groups in four broad categories:

(1) Rehabilitative: groups which provide interaction and special information from persons who have undergone similar experiences, i.e., Parents Without Partners.

(2) Behavior modification: Parents Anonymous, Alcoholics Anonymous.

(3) Primary care: direct care-giving as part of a services team, i.e., foster parent groups, child care associations.

(4) Prevention and case-finding: this area is of special importance to the ACCR project for it emphasizes target populations engaging in self-education programs to prepare themselves to recognize potential as well as actual abuse and neglect problems, societal as well as individual, and to act appropriately.

Gartner and Riessman point out that mutual aid groups develop largely because of unwillingness of professionals to deal with certain problems, limited outreach to various populations, monopolistic credentialism, etc. "The entire ethos of the professional orientation is very different from the self-help orientation which is more activistic, peer-oriented, informal, open, and inexpensive" (p. 785). We would add that self-help calls for a difference in the kinds of technical assistance provided by professionals. It also requires relationships based on equality, with professionals and nonprofessionals functioning as partners each with something to learn and something to teach. The autonomy of the self-help group must be equally precious to citizens and professionals if it is to have any intrinsic value.

II. Innovation – Diffusion

As an innovative demonstration project, the Citizens for Children's Rights was based on a community development approach using self-help and community education strategies. There were three target groups for change – the human service professionals, the human service agencies, and the citizens of the community.

Designing the demonstration model was a creative and exciting experience for agency staff, who were primarily responsible for technical assistance in project design after the agency board had approved the project purposes and goals.

In casting about for a conceptual framework with which to present the project strategies, it seemed that Jack Rothman's work on "The Diffusion and Adoption of Innovations" would be useful (Rothman, 1974). (Rothman's generalizations based on social science research are summarized here; serious readers are urged to refer to the original material. It should be noted as a commentary on the need for basic rural social science research that this splendid volume has only one index reference to rural areas.)

First will be presented the project ideas considered to be innovative for the target populations, then Rothman's social science generalizations and the project analysis and strategies. These innovations are not original, but the combination of ideas and strategy for diffusion is probably unique for a child abuse and neglect project.

Citizens for Children's Rights Innovations for Target Systems

(1) Children's rights must be recognized as legal, constitutional entitlements before social justice or injustice is definable in more than humanistic terms. Until this process begins to occur, institutional and societal abuse/neglect of children will not be dealt with, and individuals will continue to be held accountable as governments are not. Citizens and professionals need to talk about the concepts of children's rights so that the ideas can grow less strange and threatening.

(2) Institutional and societal child abuse and neglect as enacted on a daily basis to thousands of children in our community is more pervasive and serious than individual parental or family abuse.

(3) Citizens have a right and responsibility to be informed, involved participants in the prevention and treatment of abuse and neglect.

(4) Professionals have a responsibility to become prepared to deal with child abuse and neglect problems and to do so without undue constraint by institutional or agency policy.

(5) Resources currently in most communities are generally adequate to protect children if citizens and professionals work together for better coordination and use of resources.

Diffusion of Innovations* Among Population Groups

Cultural Values (Rothman, pp. 422-428)

The innovativeness of a target system is inversely related to the extent it adheres to traditional norms; the extent of ruralism; the emphasis on extended family norms; the isolation from mass media; the opposition of the media to the innovation; the residential stability; the homogeneity of population; and the reliance on folk concepts. If social change agents select a traditional target system, it should be viewed as a long-term strategy, probably requiring a societal effort using community development programs.

ACCR project analysis: first, it seems that there is a bias in social science research that innovations necessarily conflict with traditional norms of rural societies, extended families, and other non urban cultures and life-styles. Our analysis of the particular target groups of the ACCR project was as follows:

(1) Professional norms, for doctors, lawyers, teachers, will tend to resist project innovations.**

(2) Agency-institutional norms will also tend to resist project innovation.**

(3) Rural citizen norms will have the highest congruence with project innovations.**

Strategy: use a community development and education approach, with focus first on professionals

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*Rothman defines "innovation" as "any idea perceived as new by a population group or organization, in our terms, a *target system*," and he uses "innovative" and "innovativeness" to indicate the tendency of the target system to adopt innovations, whether it adopts many innovations, and at a rapid rate [Rothman, p. 420].

**See sections on each population for reasons norms are or are not supportive.

and agency target populations so that:

(1) Services networks will be better able to handle requests (reports from citizens) for child abuse and neglect services.

(2) Professionals will be more willing to provide technical assistance to citizen child advocacy groups rather than to protect their professional turfs by telling citizens to report, then keep away.

Socioeconomic Status (Rothman, pp. 428-432)

Target systems with high socioeconomic status (high educational attainment, high income, occupation, and majority group status) are more innovative. Practitioners desiring rapid adoption of legitimate technical or nonradical innovation should concentrate on high socioeconomic target groups. Considerable evidence shows that adoption of radical innovation is influenced by relative deprivation and status inconsistency.

ACCR project analysis: project innovations are value-based and thus can be perceived as radical. Although professionals have higher socioeconomic status, they will be more resistant than citizens, because the latter have felt looked down on and powerless to get professionals and agencies to act to protect children.

Strategy: begin with all target groups by providing technical information on child abuse and neglect, including such things as reporting laws and procedures, then involving them in self-help education programs, providing opportunity to identify group norms and values supportive of innovations.

Past Experience (Rothman, pp. 432-433)

Target systems with successful innovative experiences are more innovative than those with unsuccessful experience. Practitioners should first approach target systems with previous positive experience of a similar nature if possible.

ACCR project analysis: subsystems within target systems will differ. It is necessary to know local history to predict effect of past experience.

Strategy: be interested in local historical experiences of both individual agencies, groups, communities, and individuals. Assist them to connect that experience to child abuse and neglect, which is a fairly recent social issue. For example, Kiwanis International has traditionally supported children's programs.

Felt Need for Change (Rothman, pp. 433-435)

Discontented target systems are generally more innovative than contented ones. Practitioners should select target systems which are discontented or work to help target systems identify discontent.

ACCR project analysis: professionals and agencies and practitioners in our community deny that there is a child abuse problem, because they are using the battered child syndrome as a touchstone and because most services view adults as the clients to be served. The rate of physical neglect is considered higher but recognized primarily with poverty-level families. Citizens have a higher discontent, because they have a closer view of children in their daily lives and have been frustrated by the failure of authorities to take action when they see children in danger.

Strategy: create discontent of professionals by developing interagency, interdisciplinary, educational, and problem-solving opportunities to share information about the actual local extent of abuse and neglect rather than letting them listen to "outside experts" on abuse and neglect and then say

"we don't have a problem here." Identify existing discontent within and between target systems with technical assistance from project to help them develop goals and strategies for solutions.

Remind self-help target groups of past local tragedies; work in low key on collective guilt by examining actual mistakes made and what would have been a better way of dealing with the problem.

Value Orientation (Rothman, pp. 434-435

Innovative target systems have higher acceptance of such supportive value orientations as liberalism, scientism, nonauthoritarianism. Practitioners should select target systems on the basis of their value orientations, or through adult education or mass media change the value orientation to be more receptive to innovation.

ACCR project analysis: given project goals, the choice of target systems must be those with primary social responsibility for children.

Strategy: adult "self-help" education based on actual local problems, professional, or agency goals, and a mandate for citizen responsibility in a community. Use significant face-to-face groups rather than public media, because actions or responses, as well as value orientations, will need to change if innovations are diffused.

Social Participation (Rothman, pp. 435-437)

Innovative individuals are more active in formal organizations or voluntary associations. Practitioners should involve persons active in organizations **and** facilitate the organization of groups for individual participants.

ACCR project analysis: professional associations tend to reinforce professional norms; agency groups tend to reinforce agency norms; citizen groups tend to reinforce citizen norms.

Strategy: identify persons active in each target population who will organize self-help educational programs to discuss project innovations and develop action for change. Develop mechanisms which will bring representatives of target populations together across professional, agency, and community boundaries to identify common concerns and develop child advocacy coalitions. Such mechanisms include but are not limited to professional and citizens conferences and workshops, lobbying efforts for legislation, or specific-interest task groups. Organize ad hoc action groups to deal with single issues, then allow them to dissolve after mission is completed so as to build general positive community innovative experience.

Relative Advantage (Rothman, pp. 437-440)

Innovations that are perceived to be more useful (advantageous) will have a higher adoption rate. Practitioners should help underline the relative advantage of innovation to the status quo. A crisis, potential crisis, or former tragedy can be used as leverage.

ACCR project analysis: project innovations less likely to be perceived as advantageous by more highly trained clinically oriented professionals (as contrasted to community prevention oriented professionals); more likely to be perceived as threatening agency autonomy (freedom from citizen and professional monitoring); more likely to be viewed as advantageous by citizens since it clarifies their role and provides information on how they can advocate for children's rights.

Strategy: rely on community education and self-help processes to provide opportunities for target populations to evaluate relative advantage of innovations.

Value Compatibility (Rothman, pp. 438-440)

Innovations perceived as compatible with existing values of target system will have a high adoption rate. Practitioners may introduce only innovations compatible with existing norms or may work for emergence of compatible norms or may interpret innovation so target system perceives it to be consistent with system's values.

ACCR project analysis: professional values such as client confidentiality and professional expertise tend to exclude others from information about problems and participation in solving them. Agencies tend to interpret mandates for services as "exclusives" and to discourage citizen involvement. Citizens tend to accept "expert" opinions and generally have low self-esteem in dealing with problems professionals claim responsibility for. They more naturally turn to self-help efforts in other areas, such as volunteer fire departments, emergency ambulance services, etc., where the "pros" are supportive of citizen roles.

Strategy: facilitate target groups recognition of child abuse and neglect as a problem which a total community must respond to, and clarify the special roles and contributions of each target population working together in a variety of child advocacy groups.

Partialization (Rothman, pp. 440-441)

Innovations that can be tried on a partial basis (part of innovation or part of target system) will have a higher adoption rate. Practitioners should attempt to formulate innovation so it can be partially tried or initially tested by only part of the target system (demonstration projects in communitywide innovations are a method).

ACCR project analysis: subsystems within each target system can select innovations to be tried.

Strategy: facilitate target group decision making about innovations to be tested, and assist them to develop successful strategies and remain in control of the rate of adoption. Self-help groups able to progress at their own speed without undue pressure from project are the key. This does not refer to pressure being generated on target systems for other target systems – the strategy is to keep such pressure "cooperative" whenever possible.

Communicability (Rothman, pp. 441-443)

Innovations which can be easily explained or demonstrated will have a higher adoption rate. Generally, the closer the language is to that of the target system, the better. A subculture may facilitate communication through its own channels if innovation is compatible with values of the subculture.

ACCR project analysis: it is a veritable tower of Babel – professional jargon, agency jargon, and citizen cultural jargon. Any rural community has many, many English-speaking people using a variety of different technical languages.

Strategy: self-help programs to help target groups to translate each other; recruitment and training of "translators" from various groups to assist in teaching; development of variety of opportunities for groups to interact with each other.

Geographic Assessibility (Rothman, pp. 443-444)

Innovations more accessible to target populations will have a higher adoption rate. Innovations should be taken to target system rather than waiting for system to initiate contact with diffusion agent.

ACCR project analysis: with target systems of project, geographic location includes going into agencies and institutions, clubs, and groups, as well as outlying communities in "hollows" and other rural outreaches.

Strategy: all activities of project are held outside project offices, directly in the primary community of the target population. Not only does this maximize geographic accessibility, it also makes rent much cheaper, since only work space for staff is required. When the meetings are held in public places such as schools, settlements, etc., casual onlookers may also be exposed to the innovations.

Complexity (Rothman, pp. 444-445)

Less complex innovations will have a higher adoption rate. Practitioners should formulate complexity at levels acceptable to the target system (since complexity is a perception of the target system, communication style is important).

ACCR project analysis: danger that innovations will be viewed as overwhelming to each target population.

Strategy: self-help education programs move at pace set by participants; technical assistance needed to assist in operationalizing concepts so that people can act them out using skills and knowledge they already are confident of possessing. Keep innovations from appearing theoretical and radical – keep them in practical, commonsense, everyday experience terms.

Compatibility of Diffusion Process (Rothman, pp. 446-447)

The rate of adoption of an innovation is related to whether it is diffused in a manner compatible with target system's norms, values, and customs. Practitioners can diffuse innovations in a manner compatible with target system's norms, values, customs, or try to change norms, values, and customs to become compatible with innovations.

ACCR project analysis: two of the target systems are generally used to diffusion processes which use "special authority" to pass on innovations. For example, physicians look to medical societies and to journals and medical schools. Other professions likewise. Agencies and institutions tend to look to state, federal, or national levels according public or private funding and other relationships. Only the citizens as a target population are accustomed to looking for "experts" in their own community. Since the project innovations are not in the current American mainstream, the problem will be to develop a local diffusion process for professionals and agencies. Difficult and slow unless the right local leadership can be discovered.

Strategy: to take the long view and depend on community development and self-help processes to create change.

Communication Media Used by Different Categories of Adopters (Rothman, pp. 448-449)

Early adopters tend to use mass media sources; later adopters tend to use face-to-face information sources. Rate of adoption is related to degree of information passed through appropriate communication mode. Use mass media for general information to the target system; expect trial or adoption by early adopters (upper-class populations). Face-to-face communication is effective for later adopters and lower-class populations.

ACCR project analysis: the use of "mass media" is not really a consideration for diffusion of project innovations. The local newspapers and radio stations want news and information, but to use them to diffuse the project innovations would invite controversy which could "radicalize" the community perceptions

and endanger the self-help educational approach.

Printed materials, properly used, can carry disproportionate authority. Had there existed written material about rural self-help child abuse community programs, it would have been possible to gain initial sanction for ACCR without federal funding.

Strategy: use radio and newspapers to keep public informed, but keep low key so as not to be unduly threatening or seem to be "witch hunting." Depend on community development processes. Seek opportunities for project participants to be visible "authorities" at state and regional conferences. Encourage the writing of articles for submission to "house organs" and professional journals at state levels and national levels. Develop training materials which are professional in appearance.

Peer Support (Rothman, pp. 450-452)

Innovations supported by peers of a target system will have a higher adoption rate. Encourage peer group discussions of innovations, and urge them to advocate innovation with target population.

ACCR project analysis: project target systems are interconnected in that individual persons will often belong to more than one target population.

Strategy: when useful and possible, individual persons adopting project innovations should be encouraged to become advocates within other systems.

Opinion Leaders (Rothman, pp. 452-454)

Certain individuals are more influential in expediting the diffusion and adoption of innovations. Identify target system's opinion leaders with respect to the relevant issue area, and enlist their participation.

ACCR project analysis: opinion leaders tend to be carriers of group values and norms, so do not expect to identify existing leaders who will advocate project innovations unless target group norms and values are congruent with innovations. However, when target population is an agency with a job to do in child abuse and neglect, it may not be politically wise for administrators to oppose innovation openly.

Strategy: encourage the development of new target system opinion leaders who support innovations. It is important to identify local opinion leaders and predict their response to innovations. Work for project sanction by top-level administrators to key target populations to gain time to develop support for project innovations at other levels.

Innovation Message (Rothman, p. 455)

Innovations communicated with a clear, unambiguous message are more likely to be adopted. Communicate clearly.

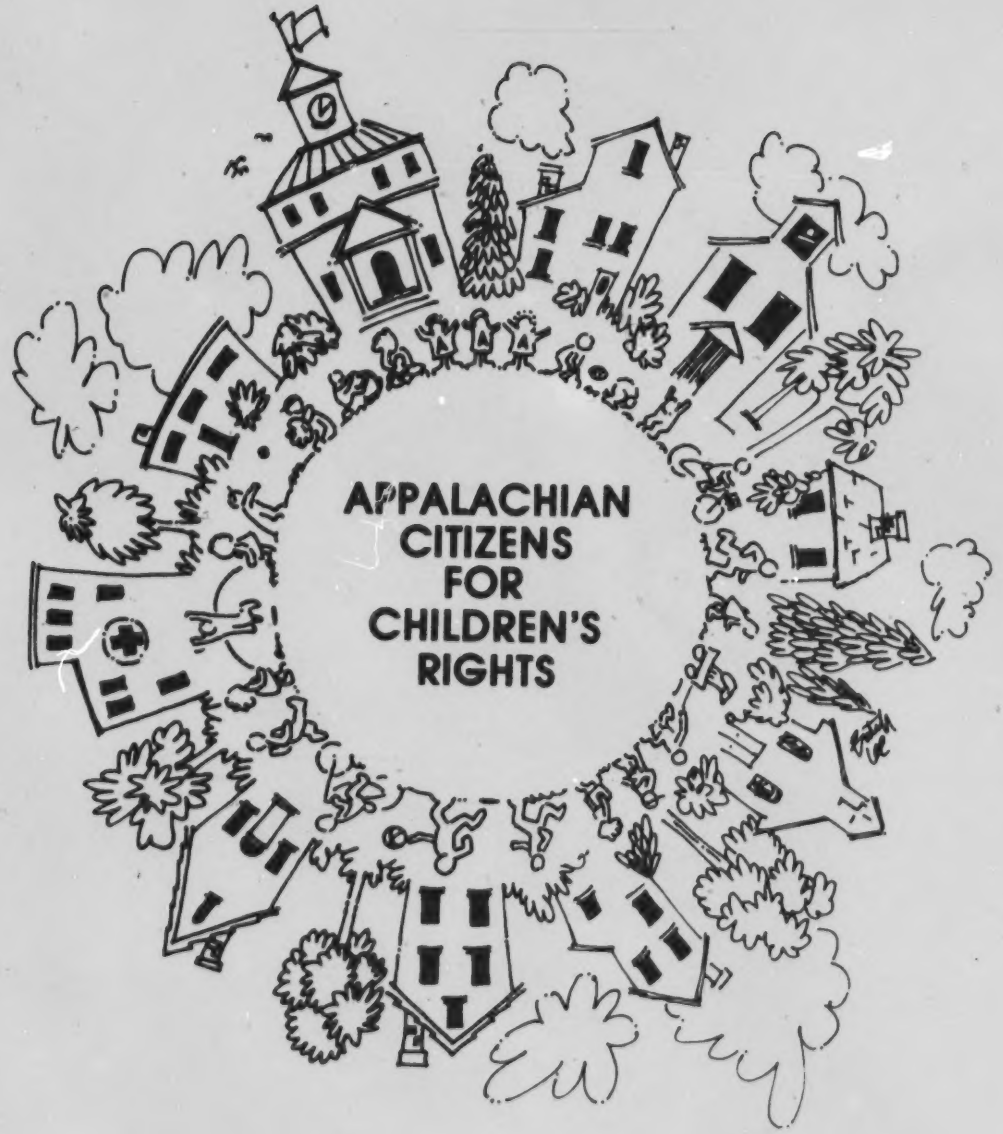
ACCR project analysis: even clear messages will not be heard if target systems are too threatened by innovations.

Strategy: patience. Give target systems time to change – basic reordering of value priorities is a very long process. Help target systems discover ways to operationalize project innovations and to test small new actions clearly supportive of their common concern for children.

References

Alan Gartner and Frank Riessman, "Self-Help Models and Consumer Intensive Health Practice," *American Journal of Public Health,* August, 1976, Vol. 66, No. 8, pp. 783-786.

Jack Rothman, *Planning and Organizing for Social Change: Action Principles from Social Science Research,* New York: Columbia University Press, 1974, pp. 417-483.



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APPALACHIAN CITIZENS FOR CHILDREN'S RIGHTS

(ACCR)

This section will deal exclusively with the development of ACCR. It will describe the location and setting, the history preceding funding, the actual activities implemented by the project components, an analysis of project components and their activities, and suggestions for changes in project design. This will be helpful information to those of you wishing to implement a community self-help approach to the problem of child abuse and neglect.

The Foundation of ACCR

Location, Setting, History

Monongalia County, West Virginia, is an area of 368 square miles located in the north central part of the state. It has a population of 55,000 people. West Virginia University is located in Morgantown, the county seat and major population center, adding about 14,500 nonresidents to the county population. There are five rural districts surrounding Morgantown, encompassing 32 communities. Few of these communities are incorporated but are defined as communities by the people living within them.

Monongalia County has 47.2 percent of its work force employed by federal, state, or county government. Coal mining provides jobs for 15.5 percent. There are only six local businesses employing 50 or more employees. Of employment in the county, 62.7 percent of the jobs are provided by subsidiaries of national, state, or even international corporations or governmental units.

A survey of the community shows the following.

(1) **Diversity of Rural Populations.** Monongalia County contains a diversity of subcultures ranging from the fatalistic "hollow" and "mountain" subcultures typical of Weller's *Yesterday's People* to the "coal camps," with a history of violence and hedonism, to the elitist intellectual academic subculture. Cutting across these subcultures are people of numerous ethnic origins, some of whom still retain the "old country" language and/or customs in the home. Religious practices range from the most fundamental sects with rigid behavioral standards to the Protestant, Catholic and Jewish denominations. Quasi-religious cults, agnosticism, and atheism are found in Morgantown, the county seat.

The diversity of rural populations – racially, culturally, ethnically – has not received the same consideration as in urban areas. Myths and stereotypes about rural areas tend to support concepts of homogeneity within communities, whereas the diversity within rural communities is frequently greater than between rural communities.

(2) **Rural Resources for Human Services.** Most rural areas, and Monongalia County is no exception, lack adequate water and sewerage systems; fire and police protection; roads, bridges and public transportation; housing; medical care; and schools. This affects the safety and well-being of all inhabitants. It is important to conserve resources by recycling or retooling resources rather than developing special programs which increase the problems of fragmentation, overlapping, and competition for scarce resources.

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While rural people tend to be difficult to organize in formal volunteer roles, there is a deep reservoir of altruism and concern for others that waits to be tapped. It is essential, however, to adapt the style of involvement to focus more on relationships to people and community than on formal roles and responsibilities.

(3) **Rural Extended Families.** The extended family is still the basic social unit in all but a few of the subcultures in this county. The elder family members command respect and authority and are consulted regarding any major decisions affecting the lives of family members. Values, customs, mores, and attitudes are passed down through the generations with the extended family serving to reinforce them and keep them alive.

(4) **Levels of Government Organization.** The county is the most significant level of social-political organization in Monongalia County and in most rural areas. It is extremely difficult to organize viable multi-county programs unless a great deal of individual county political autonomy is permitted. The second most significant policy and/or legislative level in rural areas is the state. It is at the county and state levels that rural citizens can best influence social policy and law.

(5) **Distrust of Government and Outsiders.** There remains in rural America, and Monongalia County is no exception, a distrust of social service agencies, both public and private. The Protestant work ethic and pulling oneself up by the bootstraps dominate the accepted value system. The extended family is seen as the acceptable system through which problems are resolved regardless of their complexity. To step outside this accepted standard is a social stigma denoting failure not only on the part of the individual(s) involved, but by the entire extended family unit as well.

Self-sufficiency – freedom to determine one's own destiny and independency – within the family network is a cherished value not easily given up.

(6) **Generalist Professionals.** The professionals in Monongalia County, with the exception of medicine, generally practice on a generalist level in response to the demands of the population they serve.

Rural areas tend to have generalist agencies and generalist professionals. Scattered and sparse populations do not provide an adequate volume of problems to support the specialists and specialized treatment centers found in urban areas. In addition to other factors, such as isolation and poverty, there is a lack of anonymity in rural areas. This causes people to hesitate to use programs which they feel might "stigmatize" them. For example, an abortion treatment center tends to be shunned by persons who may want help but who would feel ashamed if they were seen going into the agency.

Family Service Association

Family Service Association (FSA) was the first family agency formed in the community. FSA was initially organized in 1922 as the Milk and Shoe Fund. It is very much community-centered and community-directed, with a volunteer Board of Directors representing the entire spectrum of Monongalia County's residents.

In 1973, FSA received a purchase-of-service contract with the West Virginia Department of Welfare under the old Titles IV and VI of the Social Security Act. With this contract, FSA could hire for the first time four full-time professionally trained social workers. Previously the agency had only been able to employ a director (with an MSW) and a part-time social worker. The director had to rely on graduate and undergraduate social work students doing their field placements in the agency to provide most of the direct services to individuals, families, groups, and communities. This did not allow for optimal continuity of agency services.

With the ability to have continuity in staffing, the agency could go beyond crisis intervention.

Staff members were able to trace family functioning, sometimes for generations. The staff began to plan services according to the total reality of the "client" rather than primarily in response to a crisis.

Better data collection and analysis were also made possible, which in turn helped staff to make better reporting to the director and Board of Directors on problems, issues, and concerns of clients and staff providing services. From 1973 through 1974, workers recorded increasing numbers of situations where child abuse and neglect was the single largest area of concern in provision of service to children and families.

Workers found that throughout the professional community, there was no common knowledge of or agreement on definitions of abuse and neglect, legal or otherwise, and little recognition that there was a problem of abuse and neglect in the community. The common reaction was that if one could not "prove" that abuse and neglect was occurring, no report was made; therefore, no further recognition of the problem was acknowledged.

Our social workers, under the supervision of our director, prepared a report to the Board of Directors on our experiences in dealing with abuse and neglect. The board asked staff to compile more comprehensive data. This was done, and the board appointed a board committee, the Child Advocacy Committee, to work with staff in developing a program on child abuse and neglect. The president of the board directed the committee and staff to develop a program that, theoretically, did not need additional resources – funding – in order to be implemented. Our focus became to develop a program using existing resources presently available in the community.

During this time, funding for special child abuse and neglect projects was made possible by the enactment of Public Law 93-247, the Child Abuse Prevention and Treatment Act of 1974, by the Ninety-Third Congress. The Department of Health, Education, and Welfare (DHEW) was authorized money to establish the National Center on Child Abuse and Neglect, which would: (1) conduct annual research; (2) develop an informational clearinghouse; (3) make a complete "study and investigation of the national incidence of child abuse and neglect." In addition, HEW was authorized to make grants available to public agencies and nonprofit private organizations toward the prevention, identification, and treatment of child abuse and neglect.

There were two types of demonstration projects to be funded: Comprehensive Treatment Centers, and Resource Development. Our agency decided to seek a grant. In writing our proposal, we chose to seek a Resource Development grant, because the proposal guidelines were more consistent with the need for better utilization and coordination of resources existing in rural areas. The review team recommended to the Office of Child Development that our proposal not be considered for funding. It was clear that the review team had difficulty in understanding the rural significance of the proposal.

In April, 1975, Family Service again submitted a grant proposal to the Office of Child Development, Department of Health, Education and Welfare under guidelines for three year Innovative Demonstration projects. These grants were made available for special populations, namely, native Americans, military personnel, and rural populations.

Family Service Association was awarded a one-year Innovative Demonstration grant for ACCR in July, 1975. The major goal of the project was to develop a rural community self-help model for remediation and prevention of child abuse and neglect. The project was divided into four components – Citizens for Children's Rights Committee, Interdisciplinary Interagency Child Abuse and Neglect Team, community self-help committees, and specialized self-help groups (foster parents) – and three phases – demonstration, materials development, and replication. Since funding was available only for one year instead of three, as requested in our proposal, the materials development and replication phases

could not be completed, as originally planned. With wise conservation of our money, we extended our demonstration efforts from 12 to 15 months.

The following is a report on the demonstration period. Each component of the project will be dealt with separately.

Child Advocacy Committee

This committee was an ad hoc group of the agency's Board of Directors, which was composed of prestigious community citizens. This committee conducted the following activities;

(1) Provided citizen leadership in developing a child abuse and neglect program for the community, ACCR.

(2) Sponsored the first activity, a community orientation meeting, to inform the community of ACCR objectives.

(3) Arranged individual meetings with agencies and institutions to recruit representation for two ACCR component groups – Citizens for Children's Rights Committee and the Interdisciplinary Interagency Child Abuse and Neglect Team.

Citizens for Children's Rights Committee

This was the "central committee" whose proposed responsibilities were:

(1) To study existing services and resources.
(2) To develop new resources; to develop conferences and workshops for professionals and citizens.
(3) To provide a forum for better coordination of services.
(4) To work for children's rights.

The majority of committee members were either administrative heads of agencies and institutions or in other administrative positions where they could theoretically have direct impact on policy change within their agencies. The following resources were represented by administrators: Area Department of Welfare, County Health Department, Community Mental Health, Hospital and Clinics, County School System, Extension Service, Law Enforcement, and Social Services.

In addition to these members, the following groups were represented on the committee: County PTA, County Bar Association (both of these rarely attended), County Medical Association, and three civic groups.

The chairman chosen by the committee was a local attorney and a member of the agency's Board of Directors. This committee met at least monthly from September, 1975, through April, 1976. This committee conducted the following activities:

Inventory of Existing Resources to Children and Families

This was the first task of this committee. Each agency and resource compiled information about their programs in relationship to children, and then listed problems and needs as they saw them. This provided the project with needed data on services, problems, and needs as identifed by systems.

Interdisciplinary Working Conference on Protection of Children

The purpose of the conference was to arrive at community definitions of child abuse and neglect. Two hundred fifty professionals from every type of agency, institution, and private practice were personally invited to attend. On November 25, 1975, 135 professionals attended the conference; it was an overwhelming success. Although the stated purpose was to arrive at community definitions of child abuse and neglect, the hidden agenda was to "prove" that child abuse and neglect was a problem – a complex problem which professionals needed to deal with more effectively in this community. The participants made the following suggestions for future actions by the project:

(1) Practical guides and specific strategies for identifying, reporting, investigating, and intervening in child abuse and neglect.
(2) Smaller workshops and conferences on specific subject areas.
(3) Sessions for citizens and professionals on community services, resources, and policies.
(4) Interdisciplinary team approach and better interagency working relationships.
(5) Attention to parents' and children's comments (including youth) on the problem.
(6) Information on legal aspects of abuse and neglect and legislative change, including child advocate models.
(7) Emergency care when children are removed.
(8) Community education model.
(9) Parenting curriculum for the schools.

Professional, Informational and Educational Programs

Following the conference the committee set a priority on developing additional workshops as indicated by the evaluations of professionals attending the conference. Project staff members were asked to identify the appropriate means to develop these workshops and share these with the committee for evaluation.

The strategy used by staff was to convene providers in specific services to plan individual workshops. For example, a task force was convened of school administrators, teachers, and counselors to plan the content and structure of the workshop planned especially for them. Six workshops were conducted:

(1) Monongalia General Hospital, "In-Service on Child Abuse and Neglect," April, 1975; 45 attending.

(2) Family Practice, WVUH, "Physicians In-Service on Child Abuse and Neglect," April, 1975; 10 attending.

(3) Interagency Workshop on Child Abuse and Neglect, May, 1975; 38 attending.

(4) Citizens Conference on the Legal Aspects of Child Abuse and Neglect, July, 1975; 101 attending.

(5) Monongalia County School Personnel In-Service on Child Abuse and Neglect, August, 1975; 61 attending.

(6) Nursing Workshop on Child Abuse and Neglect, December, 1975; 104 attending.

Child Abuse and Neglect Team

This was an interdisciplinary, interagency team. There were eight members of the team representing the following disciplines and agencies: School Social Worker, Public Health Nurse, Community Mental Health Specialist, Protective Services (Department of Welfare), Family Service Social Worker (Private Agency), Child Psychiatrist (University Medical Center), Lawyer (a past assistant prosecuting attorney in charge of juvenile affairs), and a Physician (specialist in gynecology, obstetrics, and preventive medicine). The team met weekly from September, 1975, until May, 1976.

The tasks of the team were (1) consultation and technical assistance on child abuse and neglect problems; (2) analysis and research of child abuse and neglect in rural areas; and (3) educational materials development.

This group completed the following:

(1) Consultation – provided 12 case consultations to practitioners encountering problems in providing child abuse and neglect services.

(2) Analysis and research of child abuse and neglect.

(a) The West Virginia State Law on abuse and neglect and two proposed pieces of legislation on child abuse and neglect.

(b) Procedures for censorship of a judge not fulfilling his duty in abuse and neglect situations.

(c) Legal protection from civil suit for Protective Service workers, Department of Welfare.

(d) Twenty-four hour protective service coverage as mandated by law.

(e) Central Registry, reporting forms.

(f) Indicators of abuse and indicators of neglect.

(g) Levels of intervention – severely abused and neglected, suspected, potential child abuse and neglect.

(3) Technical assistance.

(a) Planning the Interdisciplinary-Interagency Professional Working Conference on Protection of Children and the specialized workshops.

(b) Developing a slide presentations on abuse and neglect for community groups.

(c) Developing policy setting procedures for identifying and reporting abuse and neglect in the local county hospital.

(4) Educational materials developed.

(a) Decision making in child abuse and neglect (a model).

(b) Indicators of abuse and neglect.

(c) When and how to report.

(d) Two slide presentations.

Group Home Committee

This group consisted of representives from three local service clubs: League of Women Voters, Soroptimist, and Church Women United; and a county extension agent, a juvenile court worker, and a pediatric nurse. The major purpose of the group was to locate and furnish a Group Home for youth in Monongalia County.

The committee accomplished the following:

(1) Located a Group Home Site (working closely with regulatory agencies).

(2) Obtained essential furnishings for Group Home.

(3) Applied for an received $40,000 grant from State Department of Welfare for on-going operation of Group Home.

(4) Assisted in recruitment of Group Home personnel.

Self-Help Groups

The major objectives in initiating these groups were to:

(1) Facilitate discussion in identifying abuse and neglect problems in their community or group.

(2) Provide educational and informative materials in order to intervene appropriately (indicators of abuse and neglect, how and when to report, use of legal system) in abuse and neglect situations.

(3) Assist and facilitate community leadership in developing coordinative advocacy activities on a community level for children needing protection.

(4) Develop a countywide citizens' forum to express needs for policy changes at county and state levels.

Each group was given the freedom to decide on its own structure based upon its unique wants and needs. The Project has successfully convened three self-help groups. The systems assisting in convening the groups were: (1) a rural neighborhood house, (2) a community association, and (3) the Department of Welfare. Involved in these committees were parents (natural and foster), rural, civic and service club representatives, and religious and professional groups.

Following is a brief description of each group. (Note: on page is a descriptive article about these self-help groups written by a community citizen working on one of these groups.)

(1) **Deckers Creek "Action" Committee:** this was the first rural self-help community committee convened. The group held its first meeting in February, 1976, and has continued to meet at least monthly since that time one year ago.

Its main goal has been to identify community problems and to work on them. This group has been successful in:

(a) Developing an information booth at a local fair to give information to citizens on

community human services resources.

(b) Securing school bus transportation for eight families living on a rural road. (see pp. 164 & 165).

(c) Sponsoring a Nurse Practitioner from the Graduate School of Nursing to provide consultation in identifying health needs of the community, to provide health education to local groups, to provide direct services in the homes of residents.

(2) **Clay-Battelle Community Committee:** This committee held its first meeting in April, 1976. The major problem perceived by this group was drug abuse and alcohol abuse of youth. Its major goal has been to provide community information on drug abuse in order to protect the youth in its community.

(3) **Foster Parent Organization:** This group held its first meeting in April, 1976. Its major concerns are the lack of foster parents' and children's legal rights in the court process, lack of training and supportive social services for foster parents, and lack of appropriate services for the foster children in their care.

(4) **Southwestern and Morgantown Community Committees:** two more community committees are beginning to organize.

The goal is to have all areas of the county represented by an advocate community self-help group to complete our community development strategy in developing a citizen communitywide forum to advocate for the social, psychological, educational, medical, and legal needs of children in the county.

ANALYSIS – ACCR

ACCR defined child abuse and neglect as a community problem and therefore a community responsibility. We divided the community into three service systems – citizens, professionals, agencies and institutions. In evaluating these systems, we found that there was no clarity as to the problem or their special responsibilities. We believed that each of these systems needed to be involved in defining and finding solutions.

In addition, we believed that each system did possess unique knowledge and special skills that were needed in dealing with child abuse and ngelect. ACCR's role then became to assist the community in developing clarity and sharing unique knowledge and special skills to fulfill these responsibilities.

We proceeded by involving representatives from these systems in four project groups: (1) Citizens for Children's Rights Committee, (2) Interdisciplinary-Interagency Child Abuse and Neglect Team, (3) community self-help committees, and (4) specialized self-help groups.

The following is an analysis of each of these groups with suggestions for redesign of the group. If this analysis seems harsh, this was not intended. We have a desire to be honest about our mistakes so that anyone wishing to replicate any one or all of these project components will not make the same errors.

Citizens for Children's Rights Committee

This group was primarily composed of administrators of agencies and institutions, but there were also representatives from citizen groups, parents, and service groups. The committee provided the project with the core group of agencies and institutions whose support was needed in developing interagency interdisciplinary educational and informational programs.

The problem was that this committee was neither a citizens' committee nor an interagency committee. We found by mixing these two groups so early in the project that agencies and institutions could not identify problems and issues affecting child abuse and neglect services, because only one of these agencies – the Department of Welfare – had a defined role by law in providing "child abuse and neglect services."

The agencies could not see how their services should be involved, while the citizen groups did not feel comfortable raising problems, issues, or questions with agencies and institutions present. Both groups needed more time separate from each other to assess problems and issues before coming together.

In redesign, we would suggest that there be the formation of a group representing the formal service Network, encompassing all private and public social, legal, health, recreation, religious, and educational service systems.

Social services would include: protective service agencies, family service agencies, vocational rehabilitation, child care agencies, and child placement. Legal services would include: judge, prosecutor, probation department, sheriff, police (city, county, state), legal aid societies, and local American Bar Association (ABA).

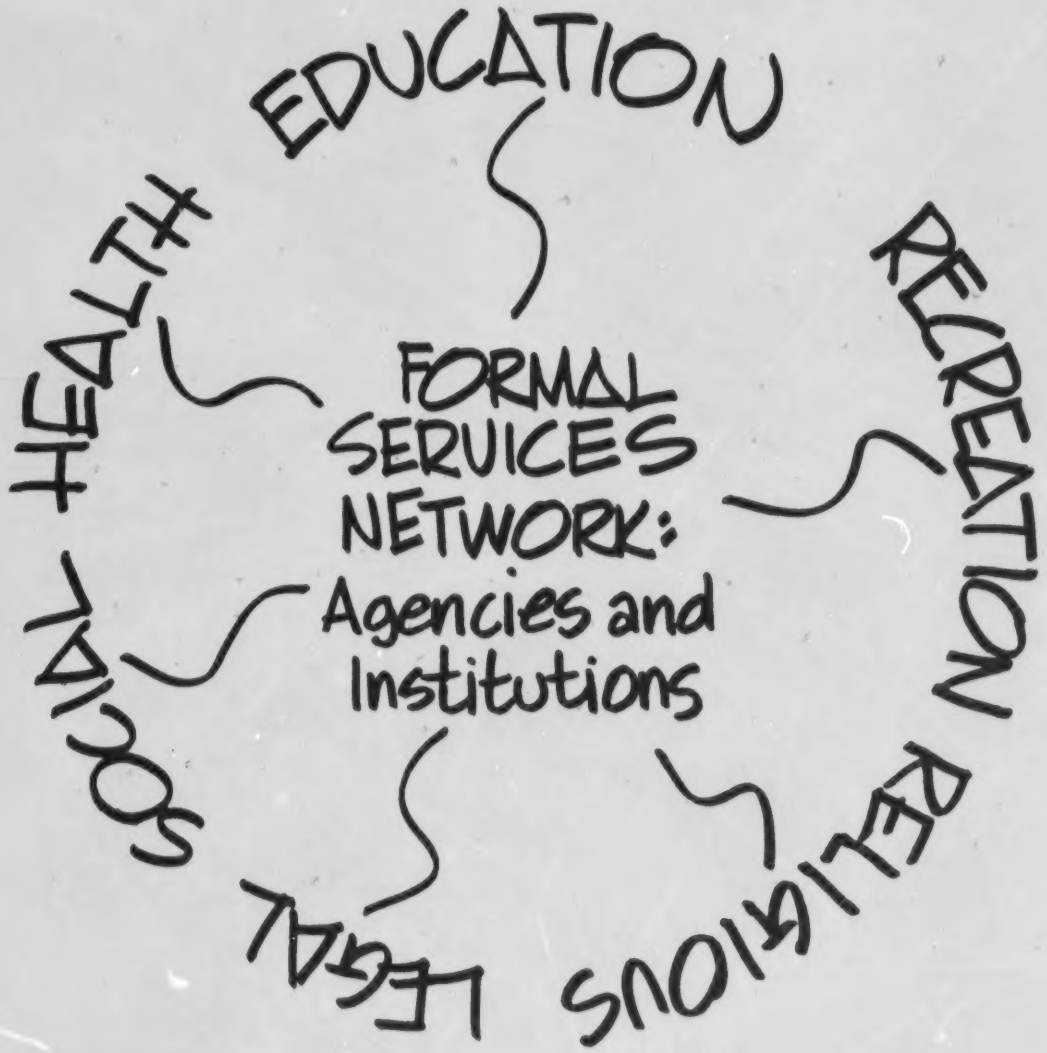
Health would include: public health department, mental health agencies, hospitals, clinics, and local American Medical Association (AMA). Recreation services would include: local recreation commissions, and organized youth groups (Boy Scouts, Girl Scouts, 4-H, and county youth associations).

Religious would include: council of churches, ministerial association, intra- and interdenominational structures, individual churches, and church organizations. Education would include: public school system, private school systems, vocational schools, extension and early childhood education programs.

From our experience, an essential place to begin with this group is to help them identify a need

for: (1) self-help education and information programs for their systems and (2) policy development. A suggested place to begin is by helping each of these systems to identify: (1) what policy or procedures are used when identifying child abuse and neglect (potential, suspected, or known; it is written down?); (2) what services they provide to whom and for what purpose; (3) what problems or concerns they have in providing these services; and (4) what they view as needs for their system or the community.

This data will help you to deal individually and collectively with this network. This also provides the group with an initial task – a place to begin. The model on this page is a suggested design for the formal service network.



Community Self-Help Groups

ACCR had a firm belief that citizens wanted and needed to know their role in child abuse and neglect services. We also believed that if given the opportunity to organize, they could define this role. In response to this belief, we designed a component for citizens' participation – community self-help committees and specialized self-help groups (foster parents). Three of these groups were organized during the project demonstration.

The project provided technical assistance to each group. As predicted, these groups identified issues of concern affecting large numbers of children and community citizens. Recurring problems discussed included: lack of adequate school materials, lack of bus transportation, and school dropout rates; lack of community recreation for children and adults; lack of parental educational programs; lack of community health services; lack of police protection, high rate of drug and alcohol abuse by youth, and lack of information or knowledge of local services (health, social, legal, etc.).

Although citizens did not want to identify individuals who were abusive or neglectful, they did describe situations where they felt they took appropriate actions to protect children and had failed to get needed services. In analyzing these situations with them, we found errors made by both citizens and professionals. This provided us with opportunity to provide technical information to these groups, such as, laws and procedures to protect children, indicators of abuse and neglect, etc., and analysis of how their actions had or had not helped the child and family.

The crucial points here are: (1) citizens supported the need for early identification and primary prevention and recognized that their major contribution should be in these areas; (2) working with self-help groups is a process which requires professionals to wait until technical assistance is requested, or else the groups are controlled by the professionals.

The major problem the project had with this component was not having enough time to complete a network of these community self-help and specialized self-help groups. The development of these groups could not start until we had begun the educational and information programs with the formal services network. We felt that this was necessary because reporting would predictably increase after developing these self-help groups. We felt that agencies and institutions needed to be prepared to deal with the increased reporting and to hear the concerns of citizens related to prevention of abuse and neglect.

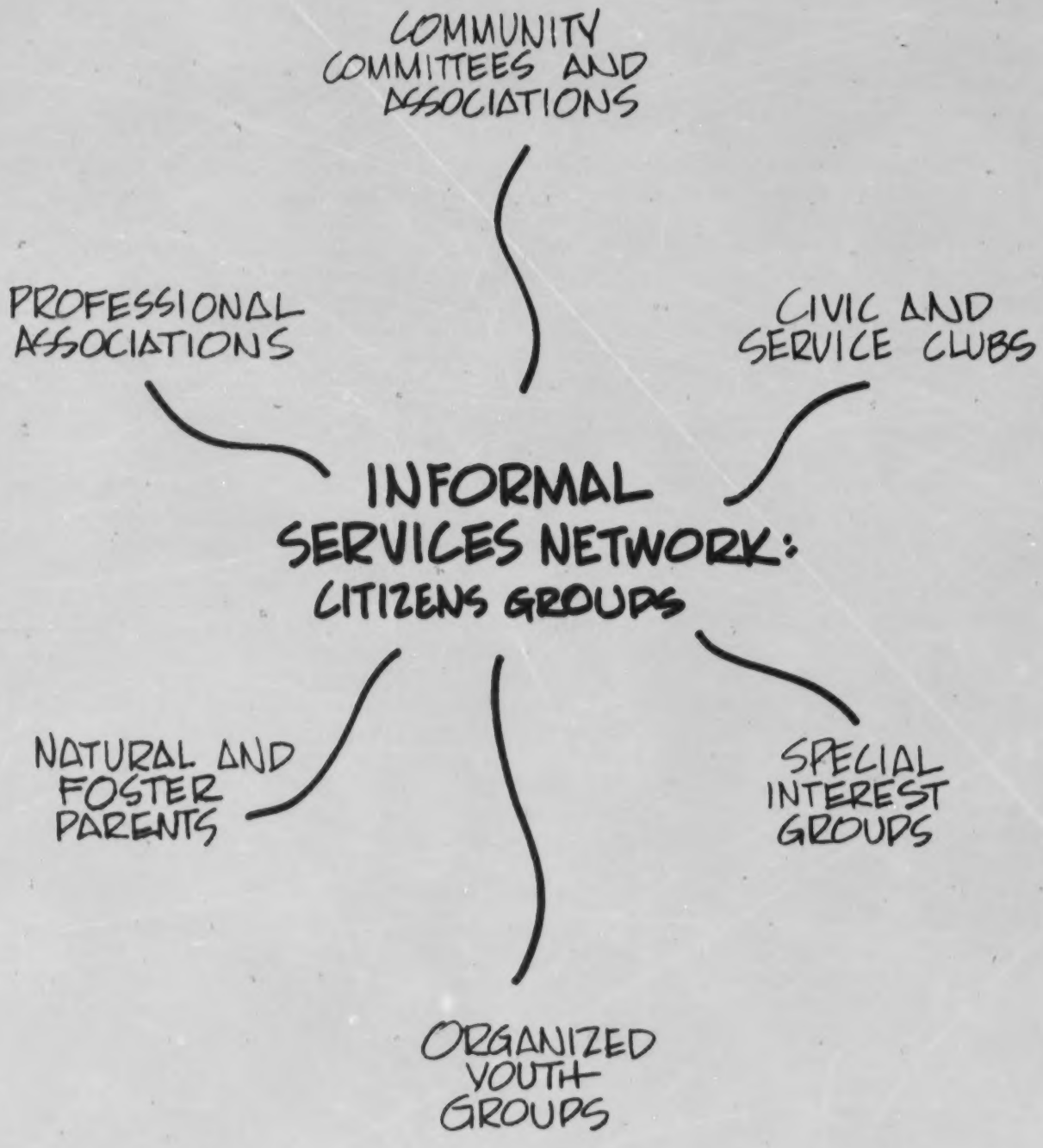
The model on the next page outlines the informal service network. When this network is organized, it becomes the citizens' forum needed to advocate for legislative and policy changes on various administrative governmental levels – county, state, federal.

Child Abuse and Neglect Team

ACCR saw the need for a community-based interdisciplinary child abuse and neglect team. Usually interdisciplinary teams are developed within institutions for the patients/clients and personnel of the institution. In rural areas, there are few agencies with a range of different professions working within the agency or institution. The project decided to develop a community team by utilizing professionals from several agencies and institutions in the community.

Being a community team, it could provide assistance to citizens, professionals, and agencies/ institutions. The CAN team developed by the project defined its role as study and consultation on problems blocking service delivery in rural areas. From our analysis of the team, we identified the following problems.

(1) The team members tended to represent their agencies rather than their professions. Members


COMMUNITY COMMITTEES AND ASSOCIATIONS
PROFESSIONAL ASSOCIATIONS
CIVIC AND SERVICE CLUBS
INFORMAL SERVICES NETWORK: CITIZENS GROUPS
NATURAL AND FOSTER PARENTS
SPECIAL INTEREST GROUPS
ORGANIZED YOUTH GROUPS

tended to be overly concerned with defending their own institution or agency.

(2) There were eight team members. Most were direct service providers and due to job pressures gave a lower priority to the work of the team.

(3) The team was too large to be effective in organizing the study and analysis needed from it.

We would suggest in redesign that study and analysis teams of this type be developed based on the following criteria:

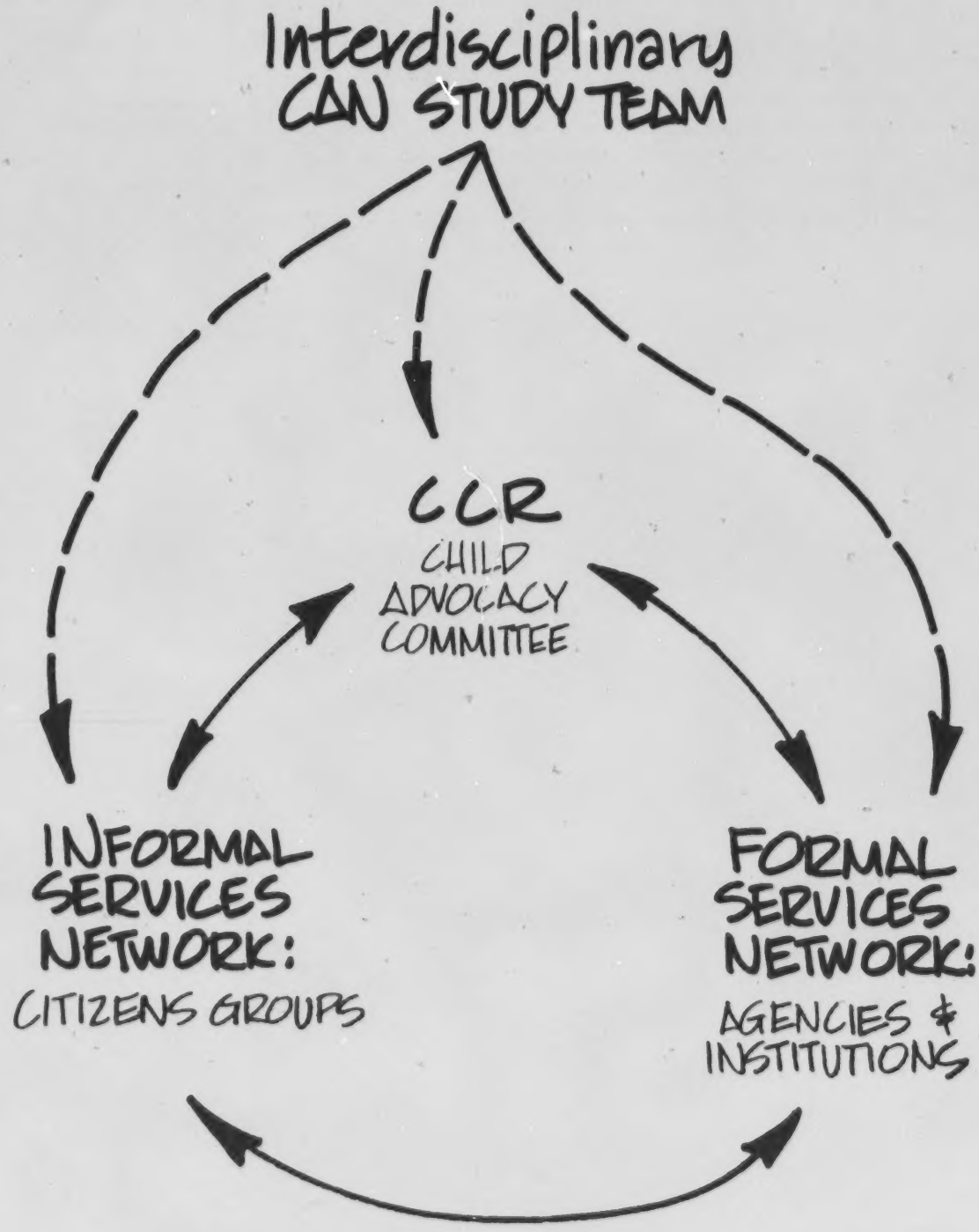
(1) The team should be viewed as a community resource to both formal and informal service networks; if loaned by an agency, individual members should be given the time to do this job effectively.

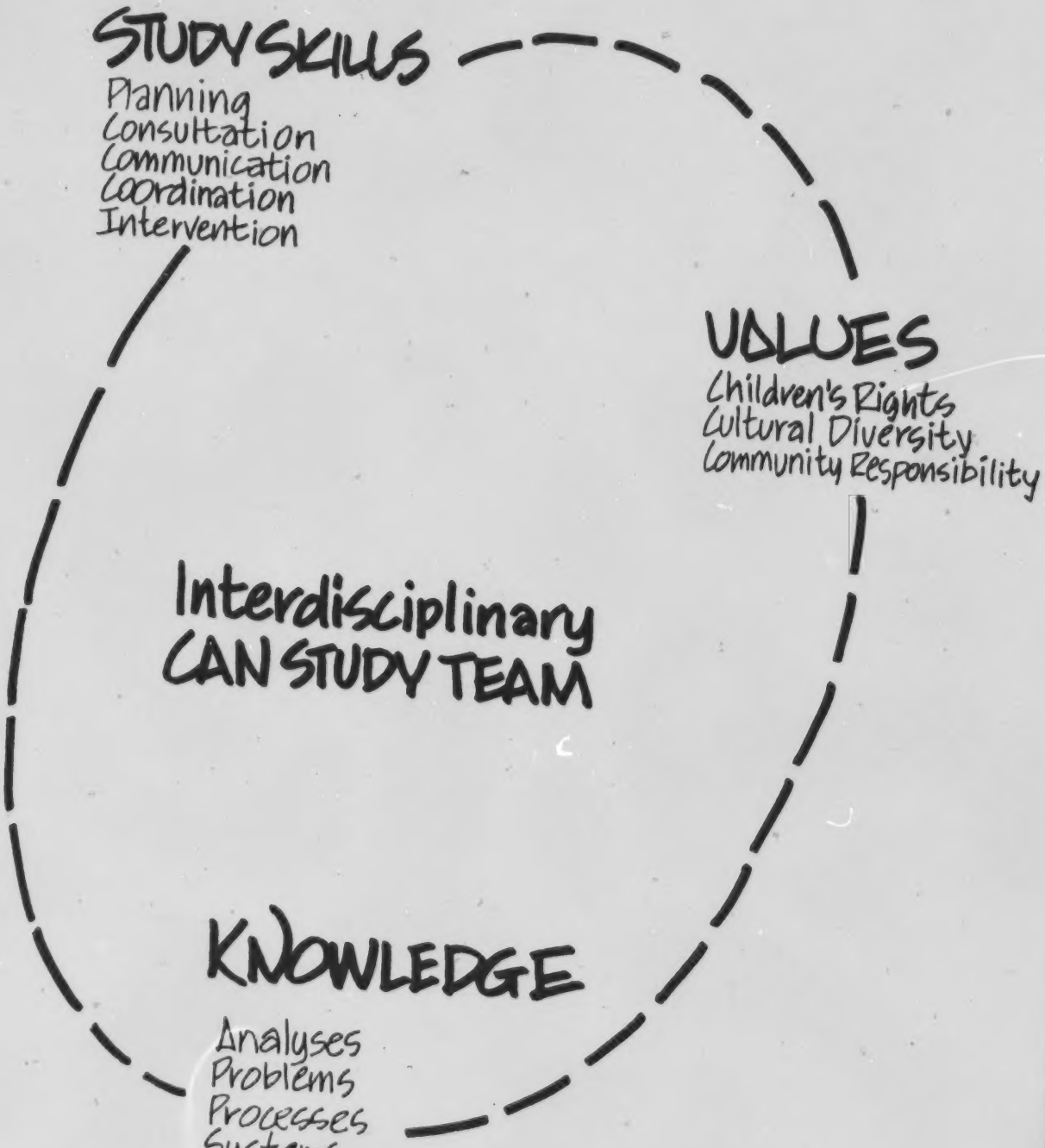
(2) The team should be small, possibly three members and no more than five.

(3) Team members should be selected for their individual skills in study and analysis (p. 56).

The following are models for redesigning interdisciplinary study teams.

Relationship to Service Networks




STUDY SKILLS
Planning
Consultation
Communication
Coordination
Intervention
VALUES
Children's Rights
Cultural Diversity
Community Responsibility
Interdisciplinary
CAN STUDY TEAM
KNOWLEDGE
Analyses
Problems
Processes
Systems
Policies

Redesign of ACCR

The following model puts together the project components just discussed for redesign. There are four component groups illustrated in this model – child advocacy committee, informal service network, formal service network, and interdisciplinary CAN study team. The model reflects the need for continual communication and coordination of all components of the program.

(1) Child Advocacy Committee – this group provides the core leadership needed to initiate a community program. It serves as a steering committee which coordinates and evaluates program activities. It must continue to facilitate problem identification and advocacy actions on behalf of children's rights within the community.

(2) Formal and Informal Service Network – these groups need constant interaction to identify concerns and problems needing resolution. Some mutual action for problems or issues can be resolved through subgroups of these networks.

(3) Interdisciplinary CAN Study Team – direct access is needed between the team and all other components so that effective technical assistance can be provided by the team.

INTERAGENCY INTERDISCIPLINARY CHILD ABUSE AND NEGLECT TEAM
✔ Lawyer
✔ Protective Service Supervisor
✔ Health Nurse
✔ Psychiatrist
✔ Mental Health Specialist
✔ School Social Worker
✔ Physician
✔ Family Service Worker
CONSULTANTS
CENTRAL CITIZENS' COMMITTEE
CONSISTS OF:
Social Service Agencies
Hospitals
Clinics
Health Department
Child Care Agencies
Extension
Law Enforcement
American Medical Assoc.
American Bar Assoc.
Mental Health
School System
FOSTER PARENTS
COMMUNITIES
SELF-HELP GROUPS
PARENTS

HUMAN SERVICE NETWORKS & SYSTEMS

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Overview

The human service network will be unique in each community. Factors such as the history and geography, the cultural and ethnic composition, the economic and social conditions of the area will vary and will influence the organization and delivery of services to people. In addition, and this is extremely important, the personal characteristics of administrators and individual service providers shape systems as they function at any particular time.

For these reasons, the analysis of any human services network must be individualized for each community whenever community social change strategies are developed.

The following papers were written by persons who are currently working in various agencies in Monongalia County. The project staff feels that persons actively involved in the delivery of services can best capture the facts as well as the feelings involved in their work. This introduction attempts to highlight the main factual points in each paper, but leaves each professional's manner of expression intact in the papers themselves.

Social Services. This section illustrates the different basic views likely to exist in your community between the public sector, the legally mandated child protection agency, and the private sector, represented by family agencies or settlement houses. The traditional view that the private sector will be more innovative and freer to experiment, may or may not be true. It is to be hoped, in any case, that each will be open to change and willing to provide leadership in developing or testing new service models.

Health Services. This section includes papers by a medical doctor and a mental health specialist. The physician discusses the organization of rural health services to deal with child abuse and neglect problems and various roles or tasks that can be carried by different types of personnel. She then suggests a rural model for a medical child abuse and neglect team. She makes an extremely important point when she says that physicians are specialized providers of technical services and, as medical professionals should not generally be expected to provide primary leadership in the prevention and remediation of child abuse and neglect.

The mental health specialist states that comprehensive mental health programs have only very recently become concerned with the need to serve children. She suggests some clinical programs for handicapped children which should be considered to be preventive as well as remedial. Clearly mental health services represent an important under-developed child abuse and neglect resource.

Law and Law Enforcement: This paper provides an overview of the legal system as it probably operates in most rural areas. The importance of involving law enforcement officials in a Child Abuse and Neglect Project is underlined, but we are cautioned to keep in mind that their attitudes and points of view are different from persons trained in the social sciences or social work. The burden is clearly on the social workers to be knowledgeable about all aspects of child protection.

Education: This section includes three systems: 1) the public schools; 2) the extension (continuing education) programs of land grant universities, and 3) the newspapers as important sources of community education and awareness.

The part on public education discusses why educators have not, until very recently, been concerned about child abuse and neglect, and suggests strategies for changing this situation. The writer suggests that the Montgomery County Public School policies provide a basic working model for rural school

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districts.

The paper "Extensions Expanding Role in Social Development" was not developed by the ACCR Project. It is important because the cooperative extension model, linking the resources of land-grant Universities and rural communities, provides a recognized and tested system for developing all or part of a community child abuse and neglect program. The writers point to the importance of the health and social problem agents being specialists trained in these areas and skilled in facilitating self-help activities.

The paper on newspapers shows their place in community information networks, and suggests how they can be used to support child abuse and neglect intervention efforts.

Recreation: The significance of recreation in preventing and remediating child abuse and neglect was forcefully brought to our attention by the community committees and self-help groups. Recreation has generally been ignored by the professional literature. The recognition by citizens of the primary importance of this basis human need is a compelling argument for involving citizens in developing child abuse and neglect programs. The first part, "Child in Sport", is included because it discusses the needs expressed by these rural self-help groups and suggests strategies for achieving solutions. The paper on Public Recreation presents the view that community recreation programs are for enjoyment, not education or social benefit. This view is held by many recreation professionals. The second paper presents the case for recreation as a therapeutic, education service for people with special needs. The controversy within the recreation profession is clearly shown by these two professionals. Probably, as in most professions, a position some where in the middle is most judicious, and Child Abuse and Neglect Projects need to be concerned with both skill development and fun (stress reduction) for both children and adults with special and basic human needs.

The last piece is included because it can be helpful in preventing or reducing child abuse which occurs as a result of placing children in competitive sports dangerous to physical or psychological growth.

Child Care: In many ways this is the most important of all services affecting the welfare of rural children. Because of the strength of extended families and communal (neighbor) helping systems, there has been too little attention and too few resources devoted to the development of alternative rural child care models. This section gives an overview of the present child care systems and suggests ways in which professionals could work to strengthen the present networks and develop parenting education programs.

Self-Help Groups: The range of self-help groups is much greater than this section indicates. It can, for child abuse and neglect, include also groups such as Parents Anonymous. Though efforts were made to start such a group, we think Parents Anonymous may be a more appropriate model for urban than for rural areas.

The paper on Foster Parenting describes the process of organizing foster parents and foster care workers during the initial (somewhat frightening) organizational period. There seems little question that Foster Parent Organization has a special potential for helping agencies improve foster care programs.

The second section is a series of papers following an overview of the purpose of community citizen groups. The variety of concerns and activities of different groups is an important aspect of the self-help process. Common issues clearly are recreation, public education. These groups concerned themselves generally with improving the quality of life for children in their communities. This seems to be specially useful in the prevention and remediation of societal and institutional abuse and neglect which tends to foster family stresses affecting treatment of children.

social services

pages 71 and 72 not in original

PROTECTIVE SERVICES
A View From The Public Agency

Children are one of the last minorities whose rights must be championed. It is only in the last 100 years of civilization that children have begun to be considered as having individual rights. Prior to 1875, children were though to be the property of their parents or caretakers and could be disciplined or exploited as that parent or caretaker deemed fit. Short of murder, the parent or caretaker's idea of child rearing was absolute.

In the late nineteenth century, as the industrial revolution made society more aware of its components, cries began to be heard for the protection of children from poor care, abuse, or exploitation. It is interesting to note that the first child welfare case was tried over laws written for the protection of animals. These "humane societies" then were expanded to include the protection of children in the next few years. Public opinion began to be aroused, and legislatures throughout the United States in the late nineteenth century began to enact laws that gave these humane societies societal sanction and law enforcement powers. These first attempts at child protection were handled in a strictly law enforcement manner, with no emphasis on prevention or rehabilitation of the parent or caretaker. Building on this, the early child welfare codes (and many of those are still in existence today) were very punitive and limited to physical standards only.

In 1936, with the passage of the federal Social Security Act, West Virginia created by law the Department of Public Assistance, later to be renamed the Department of Welfare.

Prior to its formation, each county had been responsible for seeing that its poor, destitute, and homeless children and adults were provided for. A popular plan for a child's welfare was indenture – apprenticeship to some willing citizen who would take on the care and support of the child in return for the child's labors.

Protective services for children is unique for three main reasons. First, in the usual social work setting, the client is expected to seek out the agency's services. The client initiates the request for service and by doing so indicates his/her awareness of a problem and a desire to make some changes to resolve it. However, the primary client of protective services is the child. Obviously the child usually cannot identify him/herself as being abused or neglected. We must go to him/her, we must "reach out" through his/her parents and family.

These persons may or may not be receptive to our help. Many are intially unaware or unaccepting that there is a problem. They are distrustful of the protective service worker's motives. They have heard about the "welfare workers" and those "baby snatchers." They are not asking for services and usually deny them in the beginning.

Second, the protective service worker reserves the right to use authority. Protective services for children is an expression of the community's concern for its members. The community has established that children have basic rights and that their parents or caretakers have an obligation and responsibility to fulfill and maintain these rights. Protective services, then, is the voice of the community and an extension of its obligation to see that the rights of children are protected. This authority is both a moral

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and a legal one. In West Virginia, as in most states and communities, laws have been enacted to protect children, and courts have been set up to see that these laws are enforced.

Third, the protective service worker has a higher than normal degree of responsibility to the client. He/she may not withdraw if the family refuses help or is unresponsible. He/she must stay involved until change has occurred that will ensure the safety of the child, including, if necessary, appropriate action outside the home and family to ensure the child's safety.

The protective service workers are charged to intervene on behalf of all children who are reported neglected or abused. They must investigate each case individually, assess the nature and extent of the problem, and evaluate the risk to the child if he or she remains in the situation. From there, the worker must provide, or see that clients are provided, all of the social services needed to remedy or reduce the stress of the situation. If this does not work, the worker must be ready to take any other necessary action.

It is important, therefore, that there is always adequate staff to ensure the time to complete all of the steps in the procedure rather than doing no more than just identify problems and necessarily leave it at that. The protective service worker needs the help of consultant services – medical, legal, psychological. He or she needs the aid of auxiliary services – homemakers, day care services, mental health workers, and volunteers. He or she must often act as a coordinator of services, ensuring that all service needs are provided but without wasteful overlapping.

In spite of the above service gains, more tasks remain to be accomplished. It is time to recognize that protective services is not a nine-to-five job, being instead a 24-hour service. The hours should be flexible, and the salary should be a premium one. Protective service workers should not be hired directly off Civil Service registers. The worker must want to be a protective service worker, have demonstrated ability in this area, and must feel a real commitment to the job.

The first contact with a potential protective service family is extremely important. The worker's ability to handle his/her own punitive or retaliatory impulses is imperative. From the first interview, the family should know that its situation is under scrutiny, that something is wrong, and that the protective service worker has a legal responsibility to look into it so that appropriate action can be taken if needed. There should be no accusations of guilt. The interview should not arouse undue anxiety. The worker must deal with the parents in terms of their needs rather than the fact that they may be abusive or cruel.

Protective services then should help the parents become responsible and able to assume their duties and obligations. It should instill pride and help make them feel worthwhile. This asks a lot of the protective service worker. To accomplish such a task, he or she must want to do the job and must have or be given the helping skills needed to do the job.

There must be caseload controls to prevent overloading a worker. Working with a family in a crisis situation is an emotionally draining experience. No worker should be expected to handle a great number of cases. Caseloads of 20 to 25 cases per worker are manageable and a number our unit has found workable.

The formulation and enactment of a comprehensive child abuse and neglect law is another task remaining to be performed. Most laws have not yet gone beyond defining physical abuse and/or neglect. The emotional needs of children must be recognized and provided for in the child abuse and neglect laws. There should be penalties for failing to report suspected child abuse and neglect cases. Presently, many persons, especially doctors, fail to involve themselves, and so a child too often must be drastically mistreated before any intervention is possible. Besides doctors, hospitals and school systems need to revamp their reporting procedure to allow for prompt, first-hand referrals. Currently the red

tape involved in making a referral is sometimes too overwhelming for the complainant to plow through.

More awareness of protective services is necessary. The stigma of "baby snatcher" must be eliminated. Protective service workers have earned the right to be accepted on an equal level with other community professionals.

RURAL SOCIAL WORK PRACTICE:
A View From The Private Agency

The responsibility of protecting our children in the rural scene should direct our attention to the people whose lives are influenced by certain conditions that define them as rural people (Bishop, 1971). There should be an understanding of these conditions according to an interpretation by those who are affected by them. Whether a person has enough money or enough transportation should be answered by that person. He/she should answer questions like, "Enough money for what – education to know what – transportation to go where?" (Beshaw, 1975). Allowing as well as helping rural people to take part in defining themselves and their needs will provide the basis for effective delivery of social services for the protection of children in rural America.

The degree to which a worker is effective in providing services will depend upon many variables: (1) his/her ability to link knowledge with skills; (2) his/her understanding of people and how they function; (3) his/her ability to take advantage of opportunities and be creative; and (4) an identity with the geographic area in which he/she is operating.

Practice in rural communities is distinctly different from practice in urban settings. The effective implementation of services in rural areas requires that the worker have rural practice skills. Practitioners from every corner of the social work field in rural areas will encounter child abuse and neglect in their work. But existing book knowledge will not afford the practitioner all of the skills and knowledge he/she must have in order to be effective in the provision of child welfare services in rural areas. Most of the literature does not focus on the rural practitioner. Therefore, the practitioner must have confidence in his/her own ability and knowledge gained through working in a rural setting. This knowledge and skill can then be applied to the area of child abuse and neglect services in rural areas.

Social workers and related professionals who work in rural areas have one distinct advantage over professionals in the cities. They are in much less danger of becoming restricted to working with only one type of client group, service modality, or group of professional colleagues. The daily work lends itself to close association with many disciplines. It is not unusual for agencies to share the same office building or even the same office and for one agency worker to serve on the board of another agency. It is common for social workers to know doctors, lawyers, teachers, judges, ministers, the sheriff, the home extension agent, the nutrition aide, the probation officer, and others.

There are some special aspects of rural social work practice that the rural professionals must understand and master. One important aspect is that whom you know is often as significant as what you know (Davies, 1977). Rural people are more likely to be inclined to trust than not to trust. This is the basis for the formation of relationships with others.

The rural professional is also much more visible in the small community (Buxton, Ginsberg, Wylie). Whether Mrs. S. will respond to you as a child welfare worker or as Sue Jones depends not on your professional role as much as on your qualities as a person (Davis, 1977). This gets into the acceptance-trust factor. If the community selects you as a person who can be trusted, then they will allow you to function effectively in your role.

The quality of client-worker relationship is important whether in an urban or a rural setting, but rural

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people are much more likely to respond not to your role as a worker but to the relationship formed. A balance between being professional but in a personal way needs to exist. "Social service workers who need formal agency structure to function comfortably may flounder in rural areas" (Davis, 1977). It takes some risk in being able to be yourself, i.e., conveying feelings of caring, warmth, sympathy, understanding, yet still be effective in your job. This is especially important when people see you as someone who removes children from their parents. The relationship formed is the key to opening doors and reaching those individuals you hope to serve. They must be able to trust that they as individuals can share intimate aspects of their lives, admit their weaknesses, and ask for help without fear of reprisal through rejection, stigma (categorized as "bad" parent), etc. A good relationship can lend itself to the client and worker both making helpful decisions on the care of the child and the type of help the parents receive.

One disadvantage under which practitioners must operate in rural communities is the existence of certain families locked into a community caste system. For this group of people, intervention becomes extremely difficult. Usually the family history precedes them, and treatment by the community is based upon this stereotype. The difficulties created by such a caste system becomes obvious to the worker when trying to advocate for services for the family. A not untypical response is, "I know that family, I remember their parents, or grandparents. They used agencies all the time but did nothing to help themselves. You're wasting your time; their situation won't change."

For this group of people, privacy does not exist. Family business becomes community gossip. Even among agencies, information is readily shared without fear of violating this family's rights to confidentiality. This group of people risks not being given good service regardless of whether they deserve it or not. When trying to institute protective services for children, the child's family background may make it difficult or impossible for the worker to obtain the services needed. For example, it may be difficult to achieve a fair hearing in a court when the judge knows the family or access to good legal representation when the family must accept court-appointed lawyers. Poverty, culture, and caste may be the reasons why these children are more readily removed or ignored than other children would be.

An advantage of social work practice in rural areas is the greater proximity to a broad range of citizens. Respect for and use of nontraditional and informal social service systems are very important (Davis, 1977). In rural communities, intervention is much more likely to be on an informal basis. This could be described as "people helping people." For example, it is not uncommon for certain small communities to lack foster care homes, or if they exist, they are inadequate in number. People select certain persons in the community whom they deem as nurturing, caring individuals to serve as surrogate parents in situations of stress. We must be careful that legal (formal) intervention not prevent this informal network from operating. Rural workers need to recognize this as a viable, positive function and support its existence through financial and other support services. Oftentimes this setup will best serve the needs of the child and should not be ruled out because of bureaucratic policies or guidelines.

Information – Advocacy

The personality of a rural social worker must include the capacity to move quickly into relationships with all sorts of people in all sorts of roles. A good social worker has relationships with persons who enhance his/her formal knowledge and skills and can provide a special knowledge of informal operations of the various systems in a rural community.

It can be most beneficial to know the priorities, values, strengths, and weaknesses of the personalities who operate these systems, in order to gain access to resources for people. In addition,

it is equally important to know the guidelines and policies and how that system works. Knowing how to make the maximum use of the strengths of a system and how to avoid nonproductive conflicts over the weaknesses is the key to effective advocacy in behalf of clients.

One very important function which agencies in the rural community serve, and one which people are dependent upon, is information on the availability of resources, new policies, etc. This tends to be done on an individual-to-individual basis. It may not reach groups (such as those spoken of earlier who are locked into the caste system) who could make beneficial use of changes in the social welfare system.

The lack of correct and needed information has the ability to render people powerless. Our role as professionals should be to advocate – to help keep the system open, where access to information can be gotten readily and by larger numbers of people. This is where we as professionals need to identify with one another as well as with each other's agencies in order to make effective use of our existing or potential relationships.

Child Abuse and Neglect Services in Rural Areas

In West Virginia, the designated child protection agency is the Department of Welfare. This agency is the only agency that is legally assigned the responsibility for the protection of children. Other protective service providers assume this role by choice and have more latitude in the area of policy formation. The Department of Welfare must build its policies to implement the child welfare law within the limits of that law.

The primary limitation imposed by the law on other child protectors is the legal responsibility to report suspected child abuse or neglect situations in which a child has suffered serious injury or is in an imminently dangerous situation. This narrow focus of the law has two serious defects. It limits its attention to only the most serious or dangerous child abuse situations, and it can be interpreted as recognizing only one social service agency as a provider of child protection. In the more progressive rural areas, there may be as many as three major resources whose primary functions include the role of child protection on the preventive and treatment level. These are: mental health facilities, which offer direct services to protect the mental health and functioning of the family and child; the private family agency, which concerns itself with the rights of children and parents; and the public, state agency, which is mandated by law to provide protective services to the child. Many of the more remote areas may not have as many formal agencies, but there will be informal social structures which may offer preventive-level services to the community.

The following discussion is designed to point out areas of conflict which exist within the role of the protective services worker, whose task includes investigation of an alleged act of child abuse, and the provision of treatment services to alleviate the problem. Application of this same logic can be broadened to focus on conflicts within a system rather than limiting it to conflicts within individual roles.

For example, consider the range of possible feelings an individual may have if he receives a phone call, letter, or other personal contact advising him that a complaint has been filed, indicating that he allegedly is a perpetrator of child abuse. An elementary knowledge of human behavior tells us that the nature of these feelings is likely to be negative.

The individual who has the power to present these accusations, investigate them, and make a determination regarding the approrpiateness or unacceptability of his or her behavior toward his or her child cannot expect to be welcomed by the alleged abuser.

A protective services worker whose assignment is to investigate an alleged act of child abuse defines

his or her role within the sophisticated framework advocated in the educational and training programs in which he or she has participated. This conceptualizes investigatory techniques as based on the intention to help those whom they attempt to serve. The ultimate in sophistication is the ability to understand an investigation of a person's behavior as an offer to help him.

The protective services worker is taught that the demeaning experience of being confronted with an accusation that a person's behavior is against society's laws is ultimately an offer to help – an effort to reach out to someone who may be behaving in an unacceptable manner due to unmanageable stress and unhappiness. The workers' role is defined in terms of using helping skills to help clients (not by choice) to understand the worker's presence in their lives (intervention) as other than interference. They will attempt to explain their functions as helping persons and their intentions to make life more tolerable and even satisfying for the client. Even though the professional protective services worker is taught to conceptualize his or her role as an offer of help, in reality he or she is using his or her authority to determine if a child is in danger or if a crime has been committed. He or she is initiating a process using his or her authority to enforce the laws protecting a child.

The recognition of the power of the investigator provokes a threat which governs the client's response. The threat of the power to punish is imposed upon the recipient, and within this punitive framework the investigator derives the power to intervene in the recipient's life. This authority – this right – becomes effective with the recognition of the power implied therein. The power is a force which when brought to bear is defined as punishment. The threat of this power is more often used as the pressure to exert change than the punishing act itself. Change is the purpose of the threatened or actual use of the worker's authority. The consent of the individual with whom the worker exercises his or her authority is not necessary. The decision to intervene and the nature of the follow-up are not contingent upon the accused's interpretation of the problem, and rejection or acceptance of the intervention.

This belief that investigation is the initiation of a helping process is founded on the false premise that help can be given without the recipient's freedom of choice. The role of the protective services worker as an investigator who perceives himself as the appropriate treatment resource to correct the crime he has verified is interwoven with conflicts.

When the authority to investigate this power is invoked, the process is perceived as punitive by the client. This approach precludes the right of choice of those being served. The helping process cannot be initiated without the consent and will of the client. Help must be offered, not imposed. The problem must be defined by the client, and the helping intervention must begin where the client is – not where the authority says he or she should be.

The presentation of this conflict within the protective services worker's role does not deny the need for the investigator in the area of child protection. Nor does it deny the value and the necessity for the use of authority and the enforcement of laws to protect children. But how many roles can one person or even one system fulfill? Is it not evident that those who enforce the law directly or indirectly should not be the ones trying to treat the problem? Should not alternative systems and methods for the purposes of treatment and prevention be considered?

On such a complex problem, the community cannot expect the public agencies to bear the total burden. We need input and responses to the problem by the private sector as well as concerned citizens. There should exist a mutual acceptance of responsibility. When one agency assumes and feels the burden of responsibility for child abuse and neglect services, consumers are deprived of the full range of community resources (Davis, 1977).

Citizens Accepting the Burden

"One untapped potential in any community is the articulate, concerned citizen. In this era of volunteerism, we have a rich source of help." "Volunteers today want information and significant tasks to do." Out of concerned citizens have come special interest groups such as welfare rights, adoptive parent associations, and foster parents organizations (Davis, 1977).

Private Agencies Accepting the Burden

Every social worker whose practice has had any connection with the protection of children will verify that nonreporting is a major problem. Why? Is it possible that dissatisfaction with the implementation of child protection laws and the provision of services is the problem to which we must address ourselves? (Cohen, 1974)

Private agencies must be ready to provide complementary child abuse and neglect services in addition to those services provided by the mandated agencies. A significant contribution by the private sector is possible. They have freedom to define their own structure as well as freedom to define their purposes. By virtue of their voluntary status and community sanction, private agencies have the freedom to be initiators for social change and therefore provide leadership for the development of citizen programs for prevention of child abuse and neglect.

Title XX

Under Title XX of the Social Security Act, funds were allocated by the federal government to the state government for the purchase of services in child abuse and neglect situations from private agencies. In rural areas, Title XX is the only realistic resource which avails itself to opening up services to children and to such a complex area as child abuse and neglect. The opportunity exists for agencies other than the legally mandated agency to provide services for the prevention and treatment of child abuse and neglect.

In summary, "social agencies, which tend to institutionalization, must realize that no organization can operate in a vacuum. It is human beings working in concert within formal and informal systems, committed to flexibility and awareness of the changing nature of society, who ultimately give birth to vital and lasting changes" (Davis, 1977).

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RURAL HEALTH PROFESSIONALS AND SERVICES

Historical Role in Rural Areas and Child Protection

Many health professionals have been actively dealing with Child abuse since C. Henry Kempe, M.D. made his historical presentation and named the Battered Child Syndrome in 1961 (Kempe, 1962.)

This medical professional's awareness came about 15 years after Coffey published in 1946 his observations on subdural hemtomas associated with multiple fractures of long bones (J. Coffey, 1946). Now another 15 years have passed since Kempe's Battered Child alert, and time is at hand for a new arousal of the profession in a broader-based definition of abuse and neglect and a harder look at prevention rather than treatment. Fred Greene, M.D. calls abuse/neglect the major cause of death and disability in children and labels these entities "a priority problem for the private physician." (Fred Greene, 1975).

Although individual physicians, nurses, dentists, and pharmacists in rural areas may be well aware of the problems of child abuse and neglect and act unilaterally in handling the cases that come to their attention, no where in the literature is there a suggested plan for coordination of rural medical care services and citizen's groups working together toward prevention and treatment of child abuse and neglect.

Many university and urban hospitals have developed excellent intensive procedures for dealing with acute cases which reach the large hospital. Notable programs have been developed by Newberger at Boston's Children's Hospital (Eli Newberger, 1973). Kempe at University of Colorado; Helfer at University of Michigan, and Elizabeth Elmer at University of Pittsburgh's Children's Hospital (Gregg and Elmer, 1969). Urban hospital plans generally call for interdisciplinary teams of pediatrician, psychiatrist, nurse, social worker, lawyer, hospital administrator, data coordinator, and specialty consultants, and indicate both an in-hospital course of action and procedures for linkage with out-of-hospital community resources in social service agencies, educational counseling, etc. Shaheen, Husain, et. al., based at Missouri Medical Center, make their team available to anyone in their service area. (Missouri Medical, 1975).

Official reporting has been prescribed by law in each of the states since 1967. Inability to deal with the problem once reported, makes the law a formality (Silver, Barton, Dublin, 1967). Having state laws is not enough in alleviating the problem. Reports must be made by the professionals and they must cooperate with community agencies. The current West Virginia law (state code) requires physicians, nurses, etc. to report "serious injury" as a result of abuse or neglect to the Department of Welfare. In accordance with the law, the physician need only report. It is the responsibility of the Protective Service Agency to obtain documentary data. The physician may testify, but the final "diagnosis" is judicial (Kempe and Helfer, 1971). This is usually interpreted to mean "the battered child" or very serious case of neglect. Physicians reporting under the law usually expect punitive action against the perpetrators and anticipate, begrudgingly and erroneously, hours of testimony with often disappointing results.

As the Appalachian Citizens for Children's Rights Project progressed over 18 months, a broader definition of abuse/neglect was formulated and new opportunities were developed for the health professionals in earlier identification and intervention in maltreatment. These opportunities are

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described on the following pages. A plan will be presented for adaptation of limited numbers of resource persons to formulate a rural health professional team who will be willing to keep abreast of current trends in therapy and prevention of child abuse and child neglect.

General View of the Problem

Abuse and neglect may be considered under rigid criteria for diagnosis and treatment according to a case-finding model. A child with symptoms arrives at the office/clinic/hospital, and a differential diagnosis will include abuse and/or neglect depending on the threshold of suspicion of the examiner. Too often, the signs or symptoms are treated for what they indicate clinically—fractured tibia, cystitis, "milk allergy" failure to thrive, pelvic inflammatory disease, congenital glaucoma. Not until months later, after irreparable damage physically and emotionally, is the maltreatment syndrome identified. Thus, the one-to-one treatment either fails in making an early definitive diagnosis or deals only with the severe end of the spectrum. For many cases, it is too late.

The health professional also might observe individuals whose basic needs are unmet or whose family history or present behavior patterns suggest the potential for abuse and neglect of children under their care. Keen alertness to signs and symptoms of these kinds of persons should be developed. Teenagers with idealistic notions of marriage and motherhood are especially vulnerable. Diagnoses should be made antenatally with proper referrals within the health professions or to support services in the community. Health professionals should also be alert to the needs of persons seeking prenatal care for an unwanted pregnancy. For those women indicating fears of being unable to cope with a newborn or fears of being able to discipline the expected child, special attention must be given.

Another model of medical care might be more feasible for alleviation of abuse/neglect. The public health model which deals with clusters, groups or populations is applicable and useful in the beginning or very early phases of the spectrum of abuse/neglect. By selecting target groups of susceptibles such as teenage parents, mothers separated from premature infants and thus missing the bonding period, persons declaring their wish not to be parents, persons who were abused as children, health professionals can deal with like needs in group sessions or make referrals to the appropriate groups. Actually these groups may be started and maintained most effectively by non-medical persons with occasional input of medical facts. The health professional may serve as catalyst, promoter, facilitator, or educator.

Statistical data based on case identification is largely meaningless unless one wishes to develop rigid criteria for definitions. This would become largely an academic exercise. Is a child or the perpetrator or the number of crises to be counted in tabulating incidence? Prevalence figures must include every child once suspected of being abused or neglected until they have passed their 18th birthday as the likelihood of emotional scarring for all time is very strong. If even greater zeal is summoned to work at early prevention using indicators of abuse and neglect, counting persons will be impossible. Perhaps, rather than trying so hard to develop incidence and prevalence figures (insisted upon by granting agencies), citizens ought to get on with eliminating the problems through prevention and earliest intervention.

Special Attributes

The health professionals have very special opportunities to identify potential perpetrators of abuse and neglect and to deal with them individually or in groups. Almost all babies in West Virginia are born in hospitals. An alert obstetrical nursing staff can identify signs of frustrations, aversions, and inadequacies of the mother and the father during their first contacts with the infant. Opportunities begin here in the obstetrical ward if they have been missed antenatally or prenatally. The only ingredient

needed is awareness by the staff of potential signs of abuse and neglect.

Any health professional working in obstetrics should be alert to the following indicators. Viable hospital policies will dictate ways to share the information with staff persons who can intervene or refer.

*Watch out for the young mother with unrealistic views of motherhood.
*Watch if parents fear spoiling baby or if ask about control of behavior.
*Watch if parents reject baby—if have no name or strange one.
*Observe first meeting of mother with baby after delivery.
*Note mother's comments about being unable to love baby.
*When mothers have short birth intervals, consider the frustrations.
*Specially note low birth weight babies and those with congenital anomalies. Allow mother in nursery to care for premature daily, observe her behavior, and record specific observations. Prematures are at 3:1 greater risk.
*Importance of bonding immediately post-partum cannot be stressed enough (Klein).
*Poor visiting habits of father might be an indicator.

Most babies and their caretakers are seen again by the health professionals at six weeks post-partum and regularly thereafter. Again, an alert staff who are aware of potential signs and who look for them can pick up clues. Additional objective data are also collected at this time such as growth in height, weight, and head circumference, and unblemished, clean skin and perineum. Any child whose height and weight leaves the predicted growth curve for age and sex in a six to eight week period should be suspected of being neglected (Henry Kempe, 1971). Time taken to talk to the mother about attitudes on loving the baby, on expectations of the child as he/she grows, and about the mother's own frustrations and exhaustion is time well spent on behalf of that child's health.

The neighborhood pharmacist may be consulted more often than the physician. Pharmacists should be alerted to parents asking for medications to "calm down" a child or a mother. Tranquilizers may aggravate existing problems by causing uncontrollable aggression in the mother isolated with a crying child (British Med. J., 1975).

Pediatricians and family practitioners should be alert to the parent's problems in dealing with the handicapped child or one with chronic illness. Carefully outlining to the parent the limiting effects of the disability and lowering their expectations of the child, may be more important than writing prescriptions. The nurse clinican would be extremely effective in helping parents cope with a child whose development, physical findings, or disease makes him "different" from the norm.

The nurse has been trained in three very important areas for dealing with potential or actual perpetrators. She has had courses in child development, parent-child relationships, and health care methods. She must use her experience and knowledge to teach young parents the expected steps in their child's dependency, eating and elimination habits, responses to stimuli, physical and mental growth, etc. She begins by facilitating the mother-child bond but continues her guidance during the early years of rapidly changing patterns. Parents will consult nurses more often for advice because of custom or past experience which has demonstrated the nurse's concern, patience, and factual information. Whether the nurse works in the hospital, the clinic, the private office or the field, she will be the most effective educator in parent-child interactions.

The office receptionist can observe parent-child interactions in the waiting room. The laboratory and x-ray technologists/technicians can also serve as observers. An in-service meeting would develop their awareness and help them understand their important role. The child who acts as a parent in

reassuring or serving his own parent is one to watch carefully. The parent or child who changes addresses frequently, living among various friends or relatives should alert the observer to family discord. The hyperactive child who is tearing down the waiting room may need special attention as well as the teenager who confides that he/she would like to leave home. Multiple medical visits for no apparent reason may indicate a need for counseling.

The dentist may discover perioral trauma from forced feeding or instrumentation of the mouth. Injuries to the head, bruises or bites may be discovered during a dental examination.

The child who is constantly on the alert for danger may be living under some fear. The withdrawn child may be keeping fears to himself. Delayed language abilities may also be an indicator.

All professionals must be alerted to the caretaker who uses alcohol or drugs so that judgment is impaired. Proper caretaking is impossible when in a substantial state of stupor, hallucinations or disorientation (Peds. 1973).

Thus, the health professionals are at the front lines of human services and may be the first to encounter the earliest indications of potential abuse and neglect. The management of the identified potentials is crucial and depends largely on team effort with other human service personnel. This project consistently recommends that the health professional's role is that of identifier. Other disciplines conjoin in case management.

Educational Needs

Dr. R.E. Helfer (Helfer, 1975) reminds the reader that these newer concepts of abuse and neglect have developed in the last 10 years. Curriculum in family dynamics and interaction of parent and child in normal situations is relatively new. Management of families in crises is rarely considered as attention is usually paid only to the traumatized victim who seeks out medical attention. Rarely are physicians trained in interpersonal skills and communications, and their roles are perceived as authoritarian.

Health professionals are trained in growth and development of the normal child but few study the effects of trauma and neglect on that growing child.

A massive awareness program must be mounted for all health professionals to realize the broad scope of abuse and neglect and to become alert to their indicators. The health professional must see his/her role as **observer** of the signs, symptoms, conditions of the potential or obvious abuse/neglect situation and then as a team therapist in a less dominant role with other disciplines.

All health professionals need training in the nonpunitive approach to caretakers. These caretakers have special problems of dependency, immaturity, low self-esteem, sense of incompetence, and difficulty in finding satisfaction in the adult world. Abusive, neglectful parents need to be cared for gently. Their needs must be identified and met by help from various team members. Getting started with the family by building rapport and trust is essential, and this delicate approach can be destroyed by accusations.

Very rarely is the health professional subpoenaed for testifying in court. The burden of proof is not on the health professional but on the protective service worker. The health professional's testimony will be most helpful when objective findings are quoted from records; therefore, good record keeping is wise. Training in court testimony would alleviate fearful expectations.

Health professionals must see their larger role as change agents in the community. The narrow role of one-to-one therapist is too little and too late as already mentioned. Training in methods of implementing community change and ways to lend expertise to community affairs is paramount.

Potential for Leadership

The health professionals are often looked to for leadership. Leadership is desperately needed in promoting community awareness of the broadest scope of abuse/neglect. Too often, and regretfully, the health professional is quoted as saying, "There is very litttle abuse and neglect in this community. I haven't had a case in years." This quotation or similar down-playing is a problem which Fred Greene, M.D. (Greene, 1975) labels "a priority problem for the private physician" and labels it a "major cause of death and disability of children".

As a team member in therapy for the individual case of child and family, the health professional will less likely be the leader. Other disciplines should rightly assume leadership and the health professional would serve in consultant or supportive role.

The greatest effort must be channeled into health education in sexuality, child care and parenting role. Alternate forms of discipline other than physical punishment must be promoted. The health professional can offer promotional leadership, suggestions for content and materials, and professional sanction to such curriculum.

Problems That Can Be Expected

The health professional does not have to prove the case in child abuse or prove who is responsible (Silver, Dublin, 1969). The least role for the health professional is that of the observer. The observer must tell a mediator, however, giving specific information.

Some physicians find it difficult to accept the reality of willful child abuse. About 10% of abusive/neglectful parents are though to be psychotic. The other 90% are reacting to situational crises at any socio-economic level. These reactions are symptoms of underlying problems which must be dealt with by many helpers.

Some physicians fear that they will lose their practice by labeling a perpetrator. This has been refuted by the medical literature (Morse, Sohler, Friedman). As broader definitions of abuse/neglect are formulated and as preventive measures are initiated earlier in the spectrum, fewer perpetrators will exist.

A very real problem may exist in that supportive services will not develop quickly enough to serve the newly identified needs of potential abuser/neglecters. Such community services as family social workers, marriage counsellors, birth control clinics, day care centers, foster care, etc., are needed to alleviate potentials. The onus to develop these resources is on the community. Although the health professional may be a catalyst in establishing these services, he/she would not be expected to be a major participant.

Policy Issues/Questions

When the safety of the child is in question, there must be an immediate safe shelter for that child. Often the hospital is best as diagnostic tools are available and family-child relationships can be observed by professionals, hopefully in a nonthreatening environment. Some states allow 20-24 hours hospitalization for observation (Pennsylvania Medical 1976; Missouri Medical 1975).

The management of a case on arrival at the hospital is crucial. Confrontation of parents could ruin opportunities for diagnosis, therapy, and rehabilitation. At least one knowledgeable staff person should be available during each hospital shift to deal with arrivals of suspected abuse and neglect. All childhood trauma cases should be suspect until ruled out. Staff members should not be obsessed about history taking of who did what, when to the child. These kinds of information will unfold.

The physician should turn his/her attention to the child and allow others to deal with the parents and their situation. Immediate disposition of the child depends not only on the physical findings but on the perceived safety of that child.

The Missouri law, for example, has been amended to allow physicians to detain suspected abused/neglected children in the hospital for a maximum of 20 hours, the time for not only diagnosis, but also for team consultation and formulation of a plan to deal with the child-family needs (Pennsylvania Medical 1976; Missouri Medical 1975).

A thorough examination of the child must be performed. This would mean the usual head to toe routines including ophthalmoscopic and pelvic examinations. X-rays should be examined carefully for periosteal new bone formation and metaphyseal fractures. Repeat x-rays should be made three to four weeks later.

Kempe and Helfer (1972) have suggested the following additional work up:

Trauma screen: X-ray long bones, skull, ribs, pelvis, on all physical and emotional abuse.
Coagulation survey: bleeding time, platelet count, prothrombin time, partial thromboplastin time.
Failure to thrive syndrome: CBC, sed. rate, urine electrolytes, Ca, BUN. Record weights, heights graphically.
Color photographs

There is an unresolved question about who bears the cost of such diagnostic procedures.

Interviews at the hospital should be structured so that one person (the physician) deals with the child, one person interviews the parents (nurse), and another (social worker) deals with the crises (Kempe and Helfer, 1972). The following suggestions are given for interviewing parents (Kempe and Helfer, 1972).

*See them at once—if only to say there will be a delay.
*See parents in relaxed setting.
*Use room or space other than emergency room or child's bedside.
*Keep the interview parent-centered; avoid talking about the child.
*Avoid prolonged interviews; use several short ones.
*Be honest but do not give parents more than they can handle.
*See parents separately—then together. Do not withhold information from each.
*Keep them informed about everything that is going on.
*Explain truthfully that need for admission is to observe child more for diagnosis and treatment.
*Go out of way to be non-accusing of parents. (Parents usually cooperate if not threatened or antagonized.)
*Record interview.

The third team member who deals with the **situation** is the social worker who may be based at the hospital if it is large enough to employ social service personnel. The in-house worker would maintain and facilitate linkage with community workers. If the hospital cannot afford social services, out-of-hospital agency personnel must be allowed by hospital policy, to become involved at the earliest moment of suspected diagnosis. By law, this should be the protective service worker from the Department of Welfare.

If the policy-making body of each hospital, regardless of size, would develop a plan for dealing with abuse/neglect cases and inform and train all staff members to utilize the plan, cases could be handled effectively from the onset of suspicion. Therapy to parents and alleviation of their precipitating problems

could begin in a positive sense from good rapport. A non-punitive attitude from all staff members is essential. A suggested plan for small hospitals follows in Section VII.

Which "cases" to report to the mandated agency as "suspected child abuse or neglect" and which potentials to refer to supportive agencies will be decided by availability of services and interpretation of the law. At the present time, the West Virginia law requires reporting of a child "seriously injured as a result of abuse or neglect" (W. Va. Code). Reporting is initially by phone, followed by written report in 48 hours. Once the official written report has been sent to the mandated agency, the obligation under law has been fulfilled (Pennsylvania Medical 1976).

Hospital personnel, under policy orders from the medical staff, should also see a role in the education of the pre-/post-partum patient by allowing maximum opportunities for bonding of mother and infant. Rooming-in is one way: allowing mothers in the premature nursey to care for the infant each day is another opportunity. For the sick child, living-in plans would not only help the parent to cope with the ill child after discharge but would offer time for staff observation of the parent-child relationships.

The health professional must also deal with some assumptions (Letter, 1974) which have been around for years and which need to be changed if child abuse/neglect are to be eliminated:

1. That natural parents are more adequate in all circumstances;
2. That foster parents cannot be satisfactory substitutes;
3. That separation of children and parents should be avoided at all costs;
4. That all women want to be or should be mothers.

These cliches have been accepted by professionals for years. As community leaders, health professionals must reconsider their positions on these statements and study all aspects of children's rights as listed on page 34. The health professional must assume leadership in the crusade for recognition of the infant, child, and adolescent as individual persons with unique potentials requiring nurture.

Rural Health Professional Plan For Prevention and Treatment of Abuse & Neglect

Rural communities have informal networks of services to deal with human needs. Neighbors care for neighbors. Often perpetrators are social isolates, however, and they shun neighborliness. Extra effort is required to identify them.

Once found, intervention with a perpetrator, his family, or children becomes a difficult task because there are few local services to utilize. Again the adage that a family is a private affair prevents early intervention.

Health professionals are in short supply in rural communities and most are overworked. There are few specialists, probably no psychiatrist, and hospitals cannot afford a social service department. What, then, can be done about child abuse and child neglect?

Professionals, a recorder, and community helpers could formulate an excellent child abuse and child neglect approach in a rural area. Personnel needed are:

1 knowledgeable physician
1 knowledgeable nurse
1 knowledgeable social worker from protective services or equivalent.
1 knowledgeable recorder who has access to records in/out of hospital.

The term "knowledgeable" implies that these persons, regardless of their regular tasks in private practice, public health, or in-hospital employment, will assume responsibility for their own training and information in abuse and neglect. A minimum effort toward this responsibility would be:

1. Exhibit zeal toward involvement with these problems.
2. Read and assimilate self help manual.
3. Read and assimilate suggested bibliography.
4. Be willing to keep up with current information and trends.

Getting started is always a difficult task. Perhaps at the community hospital staff meeting or wherever two or more physicians and/or nurses are meeting, one might volunteer that he/she is concerned about abuse and neglect and would willingly become knowledgeable and serve as a team member. In some areas community groups of citizens may organize first, and a representative from the community might ask the local health professionals to become involved. Whatever the impetus, it is most important that the health professionals want to pursue the subject matter and not just accept a token appointment. Involvement and commitment are essential.

Suggested task descriptions for each follow:

Physician: Increase own awareness of abuse/neglect in his/her own patients and families. Treat medical problems of abuse and neglect as indicated in the **child.** Maintain awareness among colleagues in the community. Consult with other community physicians on diagnostic/treatment problems. Participate with this team on dispositional planning. Advise community-based groups on abuse and neglect prevention activities and services.

Nurse: Interview **parents** of suspected cases with special reference to growth and development of child, parent-child inter-relationships, family dynamics.
Maintain in-service training for all practicing nurses in community whether in/out of hospital, private or public health.
Participate with team on dispositional planning.

Social Worker:
Interview parents and child concerning **situation** of abuse and neglect.
Become team member at onset of diagnosis in hospital or out of hospital.
Make home visits for observation and data gathering.
Develop dispositional plan in collaboration with physician and nurse.
Zeros in on special service needs for clients.

From the listing, note that the physician deals **primarily** with the child; the nurse with the family inter-relationships, and the social worker with the situation. When all three persons collaborate, a total picture will develop, advice can be exchanged, and a plan will evolve to suit the best interests of the child.

The record keeper will coordinate regular meeting of the team by arranging time and place, and notifying key persons. Minutes concerning cases should be kept in strictest confidence, but policies and suggestions for community improvements and services should be shared with community leaders and volunteers. The team record keeper will indeed be the liason between team and community to serve as catalyst in suggesting needed changes in attitude toward prevention of abuse and neglect and in developing services toward prevention.

Community volunteers in their self-help groups would funnel suggestions from the team through the recorder and act on these suggestions as they desired. Communications concerning policy needs would be free-flowing to and from the team through this mechanism without being time-consuming for the professionals. They personally would rarely need to attend community meetings since the liason recorder would serve as team agent.

The professionals would be spending time initially reading the bibliography and developing their own team relationships. Once the processes were formulated for local needs, there would be little time allocation by the physician since other team members would be dealing with long-term follow-up of family (by nurse) and situation (by social worker) for individual cases, and the recorder would be steering needs and requests to and from appropriate community groups.

As community groups take hold of responsibilities towards full-scale prevention of abuse and neglect, the professional team will be needed less as a treatment resource and more as technical advisers for information on growth-development, family dynamics, family planning, health standards and health beliefs.

As a community rallies about the problems of child abuse and child neglect, new insights grow toward community responsibility for total physical, mental, and social health for all peoples. A new awakening in community responsibility for health will follow.

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RURAL MENTAL HEALTH SERVICES

Historically, community mental health centers as primary prevention-intervention agencies are rather new in the field. The first clear mandate for such centers was provided in the early 1960's, primarily to offer local alternatives to institutionalization. The community centers were to be locally based arms that could support, maintain, integrate, and prevent the severe personal crises which resulted in hospitalization. The centers were to be located in each state in such a manner as to facilitate contact with rural populations as well as with urban users. A network of such centers in each state is slowly becoming a reality.

The primary focus of mental health centers has been that of answering immediate demands which usually focus on clinical aspects of adult maladjustment. Little time or financial support was available for the preventive end of the continuum. Children were not recognized officially as needing specialized programming or services until 1974, when federal law dictated that if community centers were to receive federal funds, they had to direct efforts to the creation of special children's programs as comprehensive in scope as those generally available to adults.

This change in emphasis has created jobs for workers who describe their roles as children's specialists. The boundaries between their roles as advocates and as facilitative therapists, responsible to the child, the family, and the community, often become hazy. This change is important and potentially of far-reaching positive benefit for children across mental health centers' catchment areas.

At Valley Community Mental Health Center (Valley), which serves four rural West Virginia counties, service to children emphasizes families, schools, and other environments external to the agency office itself. The target of change may not be the child at all but an adult in that child's environment who may, for a variety of reasons, make inappropriate decisions regarding the child in his or her care.

While there are workers in each of the four counties who have specialized in child development, it is important in rural environments that each worker be, in some sense, a generalist or, perhaps more important, know how to use other helping agencies and individuals appropriately. Knowing how to work within the agency itself is an equally important if often neglected area of expertise for a mental health children's worker. The ability of the worker to understand needs as well as how to utilize existing services is particularly important in the area of abuse and neglect.

Protecting children from abuse and neglect, at least in a legal sense, has not been the responsibility of mental health. We have had the responsibility, however, of reporting suspected abuse and neglect to the Department of Welfare as well as the prosecuting attorney. Our clinical judgment as well as the law allows some breadth of interpretation as to what constitutes abuse and, particularly, neglect. We find as well that local norms regarding discipline, parenting, and so on lead to difficult decisions by counselors. The candor of a parent in therapy might lead our workers to suspect abuse or neglect. We find that turning the investigative aspects of our concern over to another agency is a difficult situation at best.

This section was written by Darnell Lattel, MA, Coordinator of Children's Services, Valley Community Mental Health Center, Morgantown, WV.

Lately we have found a partial solution to the difficulty of reporting. Family Service Association's child abuse project has strongly encouraged and led the way in supporting agencies who deal with such issues to meet together both in small groups as well as in workshop settings to facilitate interagency support and communication. From such dialogue we have established relations with other workers which emphasize respect for each other's judgment as well as a clear understanding of how our client will most likely be treated. We have found that our role is easier because, when other agencies know us, our support of client change efforts is considered seriously in working out the immediate legal difficulties of the abusing individuals.

Unfortunately, we often find ourselves involved with families after an abuse or neglect investigation. Many of these families are quite isolated, requiring not only counseling for stress and situational difficulties but some practical help in dealing with multiple problems as well (i.e., alcoholism, sickness, unemployment, poverty in general). In rural areas, the isolation of these families makes the task of meeting with them very difficult. Transportation is a problem not only in getting to them but also in getting them into other helpful environments.

We often find that a certain suspicion and difference in backgrounds can interfere with our ability to deliver good services. Paraprofessionals, particularly individuals who have had some similar experiences to those of our rural clients, are quite effective in overcoming these initial barriers. It is important, however, that the worker receive training, particularly related to parenting and child development.

It is also true that we face an additional entry barrier – our name. "Mental Health" connotes institutions and fright-provoking stories about a strange neighbor down the way. When a family has abused or neglected its children, the problem is sometimes magnified by the appearance of Department of Welfare workers, who are often seen as wanting to take the child away, or mental health workers, who are seen as reserved for "crazy" people.

Finally, we face a barrier to entry related to the voluntary nature of our services. Unless an individual is dangerous to himself or others, we cannot intercede without his or her consent. Often this inability to act may be construed as an artificial distinction keeping needed services from an obviously disturbed person.

Once we are actively involved, even if the request came from another agency, we face the sometimes unpopular but necessary constraints of confidentiality. We do make every effort, short of coercion, to encourage our clients to allow us to contact and share pertinent information which might make the work of all agencies involved easier. Often that release is not given. We would not keep essential information confidential which might endanger our client or someone else, but the shady, in-between things are not necessarily ours to share.

Abuse, when seen by our agency, generally supports national figures which indicate that most physical abuse happens to the child who is under school age. However, we find a number of individuals abusing their children sexually or psychologically at all ages. Females seem an easy target for sexual abuse, and there appears to be a semi-protective environment for such activities in certain rural areas. That is, such behavior is rarely reported by a family member, and the child frequently is too fearful and unknowing to report such conditions herself.

Corporal punishment seems to be generally approved in many homes, and is sanctioned by state and federal law in public schools (if certain conditions are met). Valley as an agency is committed to encouraging alternatives to child discipline which do not involve physical punishment.

We spend much of our time working with other agencies to promote awareness and skills in the use of positive change strategies. We also are concerned with creating more awareness among potential

parents. If the cyclical nature of abuse and neglect is to end, early education in parenting for teen-agers and other nonparents seems an appropriate role for mental health in conjunction with welfare, health, schools, and other agencies.

Thus rural community mental health practice relating to child abuse and neglect requires awareness and senstivity to certain issues relevant to all service delivery systems:

(1) Transportation – if one is to work successfully in rural areas, a network of helping agencies (including county courts or other funders) needs to pool resources in this area.

(2) Isolation – the rural poor person is isolated not only physically but psychologically from services and individuals that we sometimes naively assume are available.

(3) Training – a network of parents or citizens in each local community could intercede much more effectively at the moments before crises if training funds could be directed their way.

(4) Services – the need for interagency cooperation is real. Contact and clear understanding of roles is necessary.

While Valley has a long way to go in meeting its mandate to help abused and neglected children and families, we offer a number of programs which we believe to be effective in the rural environment. These programs are based both on immediate need and on a preventive model of child services. This preventive aspect is essentially where we would like to see more effort, financing, and community support directed. We envision the day when these programs can be integrated with the resources of other agencies, private citizens' groups, and even the families at risk to broaden the contact prior to crisis.

We have a preschool (ages two to five years) for at-risk children in our catchment area. While the preschool serves the physically or mentally handicapped, we often serve children who exhibit emotional or social maladjustment. We hope to serve the neglected or abused child in our facility as a specially targeted/referred population, should the need arise. Certainly a number of children already enrolled might well fit that description as easily as another. We offer parenting classes through this program as well.

We are working intensively with parents and their high-risk infants in our family and infant learning program. We accept the children of such families from conception through the age of three years. Our goals are to teach the parents skills in raising handicapped children, to reduce the severity of the handicap by school age, and to provide alternative methods of parenting. Again, this model would be equally effective with abusing families (potentially as well as actually). We do the majority of our work in the home and utilize a number of community resources as well.

We offer parenting classes to parents and to pre-parents. Rural centers could offer many ongoing classes in specified locations (homes, churches, etc.) close to the people we hope to reach. Our model involves having successful participants co-teach the next classes. Unfortunately, we have no funds to pay volunteer teachers, but we believe that the model is a potentially good one.

We work with school and health care systems by encouraging parents to use our services or those of other social agencies in the community. In rural environments, we have found that public health and the schools are of particular help since they are in contact with many people with whom we are not.

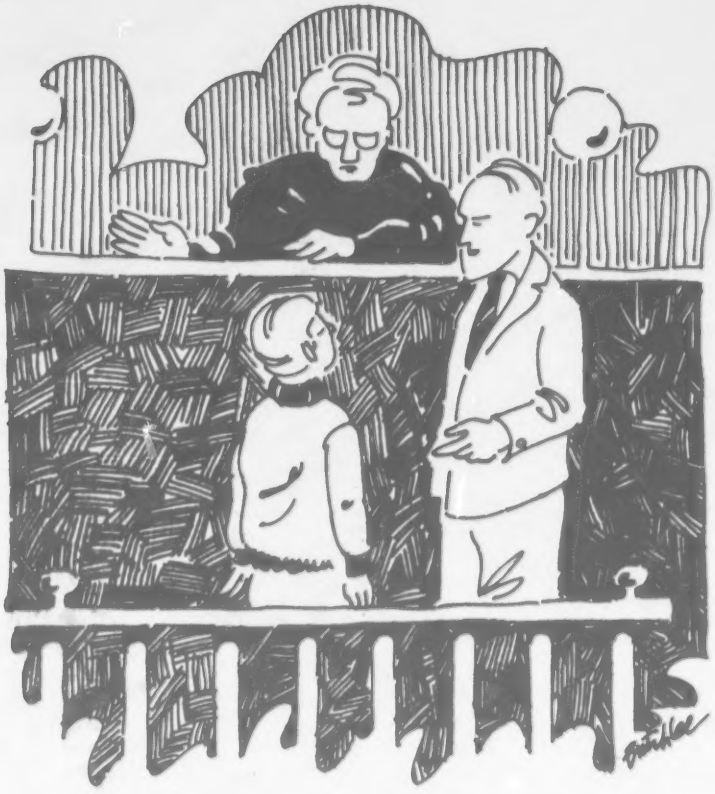
We support the development of rural group homes for children in need and are fortunate to have two such homes in our four counties. Such homes as well as emergency foster home placements seem crucial in working with families under stress.

We have a 24-hour emergency telephone service where a worker and a backup are immediately available to talk with or visit individuals or families. Such a service has often given the stressed mother

or father enough support to lead to productive community intervention or individual change.

Because there is so much overlap of agencies offering preventive services to children, the use of mental health resources should certainly be seen as one of many ways to reach children. In the models proposed above, there is much cooperation among mental health, mental retardation, and drug and alcoholism funders and providers to give a comprehensive service. In this catchment area, mental health, mental retardation, and drug and alcohol are all housed in the same facility. Meetings are held periodically to explore the needs of children and how we might best share staff to meet such needs. While staff reporting autonomy is kept, the staffs work with good understanding and easy sharing of each other's unique skills. Specifically, a number of pre-parent classes are supported through drug and alcohol staff, our preschool is partially funded by mental retardation money and staff, and our infant program is composed of a mental health-trained director who receives consultation and resources from Valley.

Such an umbrella approach seems most necessary in rural settings. Setting up many competing and isolated programs seems an appalling waste of funds. There is as well a strongly perceived need to be openly accountable to each group and thus, hopefully, to deliver consistently a "child crisis prevention" service in each area.



law enforcement

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LAW AND LAW ENFORCEMENT

The Court System

Historically, courts have played two primary roles with respect to child abuse and neglect. The first is that of decision maker as to the removal of a child from an abusive atmosphere. The second is to judge the criminal punishment of an abuser. It can therefore be readily seen that the courts become involved only with severe cases of child abuse and/or neglect.

There is very little or no role played in the prevention of child abuse and neglect. Only in the case of emergency removal in severe child abuse or neglect cases is the court involved in early intervention in the problem. The courts generally are concerned only with the ultimate resolution in severe cases.

The circuit court judge usually has a narrow view of the child abuse and neglect problem. Many will say that it is not a particular problem in their jurisdiction, although it is hard to generalize, because judges range from the very conservative to the very liberal. One judge may be overconcerned with the rights of the natural parents and may be reluctant to direct the removal of a child under any circumstances. Another may be overwilling to do whatever the protective service worker recommends, thereby often ordering the removal of a child with insufficient regard to the nature and weight of the evidence.

It is very difficult to change the general philosophy of a judge. However, a judge can be educated to some degree regarding the nature and extent of the child abuse and neglect problem in his/her community. He/she should by all means be invited to all conferences on this topic and usually given the courtesy of participating. In addition, he/she should be provided with appropriate literature and educational materials available in the community.

The demands on a circuit court judge provide little opportunity for him/her to participate in a leadership capacity in the child abuse and neglect program. However, by lending his/her support to the community program, he/she can contribute substantial credibility and standing to the project. By virtue of his/her position, each judge has to recognize and deal with the problem of child abuse and neglect. However, this is usually at the final stage of the process. A judge should not permit him/herself to become involved with a particular child abuse and neglect case prior to the final stage, as this could affect his/her ability to remain neutral and unbiased in the matter.

Prosecutor

The county prosecuting attorney, or an assistant or member of his office, plays a vital role in the resolution of child abuse and neglect matters. The prosecutor is the connecting link between the protective service worker and the court system. The function of the office of the prosecuting attorney is to advise the protective service worker, who in West Virginia is usually a social service worker from the state Department of Welfare, and to assist that protective service worker in the decision-making process. Someone in the prosecutor's office should evaluate the evidence in a particular child abuse and neglect case and determine whether that evidence is sufficient under the statutory

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This section is written by Robert Stone, LLB, an attorney in Morgantown, WV; Chairman, Citizens for Children's Rights Committee, ACCR Project 1975-76.

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and case law to bring a charge of child neglect or abuse against an individual. If a case is brought to court, then the prosecutor represents the Department of Welfare in the matter.

In large counties, these particular duties are delegated to either a full-time or part-time assistant prosecuting attorney. In these cases, the prosecutor him/herself has little participation. It is suggested that in these areas a very close working relationship should be developed between those working on the child abuse and neglect problem and the assistant prosecuting attorney in charge or child abuse and neglect prosecution.

The office of the prosecutor becomes involved in providing service after the fact of child abuse and neglect is found and established by the protective service worker. It is in this context that prosecutors historically view their function. That is, the prosecutor provides service to workers in the Department of Welfare when called upon to do so. This is generally viewed as a relatively minor activity for those in the prosecutor's office. It can be expected that very few prosecutors will consider child abuse and neglect as a significant problem in their jurisdiction.

The prosecuting attorney or the assistant in charge of child abuse and neglect cases does possess a specialized knowledge of the legal principles involved in child abuse and neglect. By handling court cases on a regular basis, however, this individual should develop expertise as a resource person who possesses a sound working knowledge of child abuse and neglect laws contained in the state statutes and case law. Similarly, he/she can provide expert counsel in the area of legal procedure in the court system. As such, he/she should be considered a special resource person and legal adviser to any community child abuse and neglect program.

It should be pointed out, however, that, as in the case of many community leaders, the prosecuting attorney or assistant may have no real appreciation of the child abuse and neglect issue or the scope of the problem in the community. He/she is just not fully aware of the problem and may even have some reluctance to recognize that there is a problem. As stated above, this is not considered to be a major function of the office. The other prosecutorial duties overshadow this area. Reluctance may come from the nature of the problem itself. Child abuse and neglect is hard to define and is a sensitive area. Many may feel that it is easier to just go along with the current system without "making waves."

The prosecutor or assistant can provide key guidance and leadership to the project. He/she should be reminded that as an elected public official, he/she represents the conscience of the community in criminal and related fields. An effective relationship with the local prosecuting attorney's office will contribute greatly to a successful community child abuse and neglect project.

Police Agencies

In performing their peace-keeping duties, all police agencies will face child abuse and neglect problems. All law enforcement officials should serve as reporters of child abuse and neglect once it has been observed. All have opportunities to observe child abuse and neglect. They certainly can play an important role in detection, early intervention, and, in some cases, prevention of child abuse and neglect.

In the state of West Virginia, police agencies can be divided into three divisions:

(1) Sheriff's office – the sheriff's jurisdiction is the whole county. For example, he is responsible for serving process within the county. All sheriff's deputies meet the public and have a firsthand, close view of people. They answer all types of complaints and are called upon to resolve many family disputes.

(2) State police – the state police are more limited in their activities and contact with the general public. The state police primarily provide road patrol and criminal investigation.

(3) City police – the city police are similar to the sheriff's office in answering a variety of complaints

but function within a city rather than a county. A city police officer has close contact with the public and ample opportunity to observe child abuse and neglect.

The average law enforcement officer probably has a very limited appreciation of the child abuse and neglect problem. Some may recognize from observation that there is a child abuse and neglect problem in the community. Others may express total ignorance of the issue. However, in most cases, where a child abuse and neglect situation is discovered by a law enforcement officer, that officer in all probability will not know what to do or what agency to contact even though he may believe something should be done. More importantly, he will recognize neither his responsibility in this area nor his potential role and opportunity in helping to detect and prevent child abuse and neglect in the community.

Thus, the educational needs of a law enforcement officer are very great. They need to be trained to understand the nature of the problem and to learn the appropriate legal and administrative procedures to follow upon suspecting any child abuse and neglect problem. They also need to learn what their role is in the observation, detection, reporting, and investigation of child abuse and neglect, together with any immunities from liability which they may possess. Law enforcement officers further need to be educated as to what social agencies are available for child protection in the community and what type of services will be provided by these agencies.

Lack of involvement of law enforcement officials and officers in the area of child abuse and neglect is more likely due to ignorance than reluctance. Some fear legal repercussions of reporting. Most have no appreciation of the problem. Others may feel overwhelmed by potential legal technicalities, while practically all are ignorant of the community resources available. Participation in child abuse and neglect activities is also restricted by the fact that most local police agencies are understaffed and their staffs overworked.

Perhaps the state police are a little too remote and diversified to provide input into a local child abuse and neglect project. However, it is believed that the local police agencies (sheriff and city police) should participate actively in a community project and provide leadership. It is strongly desirable to obtain both the support and participation of the law enforcement leaders, especially the sheriff and the chief of police.

Bar Associations

The bar association is the local professional organization of lawyers. The general activity of a bar association may vary greatly from county to county. A small community will have a small bar association which may have little activity in public affairs. The bar association itself has played little or no historical role in the child abuse and neglect problem. The bar association is simply a group of attorneys, and its view reflects the general view of these attorneys. This will probably be from a very limited perspective. Most lawyers fall into the middle- to upper-income group. It is unfortunate, but it is fair to state that a great majority of lawyers consider the child abuse and neglect problem to be one of lower income levels. Therefore, most lawyers will probably not consider child abuse and neglect a serious community problem.

Bar associations, or lawyers, face the same educational needs as the rest of the general public. They need to be informed about the full extent of the problem, the resources available, and even the correct legal processes involved, since they are not routinely involved in child abuse and neglect cases.

You will probably find that younger lawyers are more willing to participate and work in a community child abuse and neglect project. In those community bar associations with groups of young lawyers, the

potential for leadership is very good. The young lawyer's groups are often actively involved in many projects, and a community child abuse and neglect project could be one of them.

All state bar associations have active young lawyers, and it is suggested that they be encouraged to make child abuse and neglect a part of their program. They should be involved in the coordination of the publication of pamphlets and other written materials, a speakers' bureau made up of young lawyers, publicity, and general coordination of education efforts to communities throughout the state. In this way, bar associations could make a vital contribution to the prevention of child abuse and neglect.

One additional general observation should be made about persons who work in law and law enforcement settings. These individuals are generally a conservative group. As such, one will find a general reluctance to accept change rapidly in any of the areas discussed. Many are rooted in the old ways of doing things and feel that this has been sufficient for years. For example, it is recognized that institutional and community child abuse is prevalent. However, little is done to rectify the problems in this area. A case in point is the confining of delinquent children to jail. In Monongalia County, it was a long, slow process for the law enforcement system to react and correct the abuse to children in this regard. It was long accepted that it was a bad practice to confine children to jail, but action to bring about change dragged on for years.

This fact is pointed out not to discourage the participation of law enforcement officials but to serve as a caution to those developing a community child abuse and neglect project. It must be understood that their attitudes and points of view are different than those trained in the social services. This should be kept in mind by those who are administering a community child abuse and neglect program when seeking the support and participation of individuals associated with law and law enforcement.

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EDUCATION

Historical Perspective

Active involvement in child abuse identification and referral has not been characteristically viewed as a part of the educator's role. For those who define education and its objectives in relation to academic achievement and knowledge acquisition, this may come as no surprise. However, such a perspective on education is in contrast to the contemporary emphasis upon the education of the whole child. Any system or institution which would claim to have as its concern the total organism (in this case, the child or adolescent) then becomes involved in matters which affect that organism but which may very well occur outside of the boundaries of that institution. The awareness that factors which occur outside of the school day may influence the student's learning in the classroom has done much to expand the school's concern for its students.

In rural areas we frequently observe that a strong emphasis upon "traditional" academic curriculum has been retained in contrast to the various curricular innovations implemented in suburban and urban schools. Financial differences between rural and non-rural school districts may partially account for these distinctions between school programming. It is also likely that differences between the values of these districts are strongly influential in determining certain curricular emphases.

Possibly because the media portrays such vivid stereotypes of the rural school (a la *The Waltons*) with either the loving school-marm or cruel schoolmaster, we tend to view rural schools as desolate situations with primitive materials and poorly trained teachers. Although there certainly are some primitive school settings in this country, such is not true as a depiction of most rural schools. It is true though that in most rural settings, the total school budget is less than that in suburban schools. Since it is not appropriate, nor accurate, to equate dollars spent with concern for the child, it is important to consider the positive aspects associated with rural school settings.

Due to the very nature of certain rural school areas, it may, in fact, be far easier for school personnel to work with the "whole child" and to provide for his or her needs. This fact is related to the greater accessibility of information within less urban settings as well as greater opportunities for contact between school, teacher, students and their families within the community. Therefore, in the very situation which may be perceived to be less advantageous for the child because of fewer materials and educational innovations, there may be far greater advantages in terms of greater involvement of school and community.

General View of the Problem

Quite clearly the omission of educational personnel from child abuse and neglect programs has been until recently an acknowledged state of affairs. As an example of this lack of involvement, one has only to survey the rosters of federally funded abuse and neglect projects. In 1975, only three projects dealt with school-based projects from a total of 155 child abuse and neglect projects (United States Department of Health, Education and Welfare, 1976).

Alternative explanations for this phenomenon appear to be related to a stronger public awareness

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This section is written by: Anne H. Nardi, Ph.D., Asst. Professor Educational Psychology, West Virginia University: Consultant to ACCR Project 1975-76.

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of severe abuse and neglect cases involving the very young child who is hospitalized for injuries due to mistreatment (Whiting, 1974). It is important to recognize that while public attention has been focused upon the preschool victims of abuse and neglect, a large proportion of all reported cases of suspected abuse and neglect fall within the school age population (Fraser, 1974: *Help and Hope,* 1976; Whiting, 1974).

Although some twenty-two states list teachers among the individuals who are required to report suspected abuse cases, there remains a general reluctance on the part of many to actively pursue the responsibility of reporting according to Broadhurst (1975). The reluctance to report suspected cases of abuse and/or neglect has been attributed to a hesitancy to intervene in what is presumed to be the valid and natural domain of parental authority in child-rearing (Broadhurst, 1975; Fraser, 1974; Sanders, Kibby, Creaghan and Tyrrel, 1975). Another factor contributing to the general problem is the uncertainty about what constitutes a genuine case for referral to other sources or agencies (Caskey and Richardson, 1975; Cohen and Sussman, 1975; Lynch, 1975). Lastly, there is an additional consideration which may be of particular significance in rural areas. The use of physically harsh means of punishment for children is condoned as a legitimate means of controlling offspring in many areas; the values of a given region may lead to the interpretation of abusive treatment of children as normal and even desirable means of control (Gil, 1975; Marker and Friedman, 1973).

Of the three factors listed above, the second one alone is far more clear-cut and amenable to direct manipulation. It is also a factor which is most appropriate for effective use within an educational setting. If teachers and other school personnel could be trained as to what constitutes a suspected instance of abuse and/or neglect and, further, could be well-informed as to the procedures involved in the referral of suspected cases to appropriate agents or agencies, the role of educational personnel would be greatly enhanced as effective agents for the identification of potential or suspected abuse cases.

Project Protection: A Model

As one of three demonstration projects funded by the federal government designed to serve as models for the involvement of educational personnel in combatting child abuse and neglect, Project Protection (based in Montgomery County, Maryland) offers a feasible means of approach for adoption in and by other school systems. Project Protection was essentially a program for disseminating information about the referral of suspected abuse and neglect cases. Within its three-phase approach, the principle objectives were as follows: 1) policy revision at an administrative level; 2) staff training in identification and referral procedures and 3) the development of a specific curriculum to train professionals and others in various aspects of problems related to abuse and neglect. (Broadhurst, 1975; Broadhurst and Howard, 1975).

In Phase one, the school board of Montgomery County updated the school policy on abuse and neglect to conform with legislative changes in the Maryland code. Phase Two was the implementation of a dissemination model based upon the "training the trainers" approach, designed to cover both identification and referral procedures. All administrative and supervisory personnel in the district were involved in the initial training sessions. Intensive two-day workshops were directed at the target "trainers" who were the pupil services staff members within the school district (psychologists, social workers, counselors and the pupil personnel staff). This group, once trained, was responsible for conducting in-service training in individual schools via in-service meetings and faculty meetings within the schools. Simultaneously information and training were also provided in all private and parochial schools within the school district as well as to PTA groups, college groups and service organizations.

The final phase of the project consisted of curriculum development and resulted in the publication

of a text entitled *Understanding Child Maltreatment: Help and Hope* which was published in the summer of 1976. While the book is primarily an instructional guide designed for staff development and training purposes, its principle value may be as a resource for those interested in a broad coverage of the area of abuse and neglect. The publication also contains material designed for use with student populations at the high school level with some segments designed for use with younger students.

Unique Position of the Educator

The impact of Project Protection or any other attempt to actively involve school personnel in the identification and referral of abuse and neglect cases rests upon the premise that these personnel are in a singular position. According to Whiting (1974), estimates that more than 50 percent of the total number of abuse referrals fall within the school aged population have been reported. Although the inadequacy of abuse reporting figures is well documented (Light, 1973), this still represents a sizable proportion of the problem.

Equally important are the following assets related to the position of the educational staff. First of all, the teacher and other school personnel have daily (more precisely five days a week) opportunities to observe children. This is critical in the abuse and neglect situation since one of the often cited problems in the detection of abuse by medical personnel is the lack of opportunities for consistent observation (Alvy, 1975). It should also be noted that these opportunities occur in most instances before the situation becomes a critical one for the child-victim and merit consideration on that basis alone.

In addition, educational personnel bring with them to such potential situations a diverse array of observational skills and familiarity with child and adolescent behavior. These skills of observation would be especially useful in detecting **patterns** of behavior which may be indicative of suspected abuse and/or neglect. Coupled with the frequency of observational possibilities it is somewhat troubling fact that educational personnel are only **now** becoming more aware of abuse problems as a group of professionals.

Educational Needs and Obstacles in the System

An underlying assumption in this discussion has been the existence of appropriate or recently revised legal statutes pertaining to abuse and neglect. A second and somewhat tacit assumption has been that adoption of an active policy on identification and referral of suspected abuse cases within a given school district is a relatively easy step to accomplish. In cases where there exists public concern and awareness about the problem, the assumption is probably a valid one. In locations where there is a lack of community concern (especially if this is widespread in a given state), a strategy for altering the situation may be to use the influence of professional and/or advocacy groups at the level of the state department of education to bring to bear influence which will lead to adoption of policy at a state level, then to be transmitted to local school boards.

Once, however, a school district has a policy on abuse and neglect the matter is not a closed one. Actual use of the procedures in appropriate instances is not synonymous with the existence of the policy since implementation depends upon the initiation of a process of referral within a specific setting. For this reason the focal point of educational **need** rests in the establishment of a mechanism necessary to prompt an individual to begin the process. Mechanism is a misleading term because the necessary component is related to the dissemination of information on identification and referral procedures based upon the clearest possible definition of abuse and neglect with provision for indicators which would enable the teacher to recognize instances of abuse. If the emphasis is placed upon **early** identification, school

personnel need training in recognition of the patterns of lower intensity which also indicate potential abuse and/or neglect. Obviously in these instances cooperation with the school health personnel will be an essential part of the program.

As with any description of policy adoption and implementation, the "on paper" aspects do not reveal the tedium and the minor problems which beset the actual efforts. What appear to be simple and palatable components of an approach may in some districts meet with strong opposition, from either the school board and/or the community and/or school personnel. The use of physical force to control children's behavior is condoned in many segements of American society according to David Gil (1970) and there are no clear-cut criteria universally accepted which define the point when such force begins to be excessive (there is obviously agreement on force which is brutal in effect). The difficulties in dealing with the value conflicts related to such use of force in child-rearing will not be easily resolved. Perhaps one approach which will prove to have long-term effectiveness will be to reconsider the issues in light of the protection of the child rather than the impingement upon parental rights, which is the current legal approach.

In light of the last suggestion, there is need to discuss the perspective of prevention which is often mentioned (see Light, 1973) but is most difficult to actualize. The most frequently discussed strategy for prevention is the initiation of child-rearing instructional materials within a public school situation as an attempt to deal with the problem from a more positive stance. Although there are some such programs in existence their long-term effectiveness has yet to be fully demonstrated (Light, 1973). One advantage of presenting these materials within a secondary school curriculum is that they are not linked with a deviant group and further their potential audience is far greater through the medium of the school. While this is a frequently discussed aspect of the role of education in combatting child abuse and neglect, it will be much later in its realization. The first step is to involve educators in ways to identify the abused or neglected child and then to seek help for that child. This remains a major problem in many school districts.

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MONTGOMERY COUNTY, MD.
POLICY STATEMENT ON CHILD ABUSE AND NEGLECT

I. PURPOSE

To publish the policy statement of the Board of Education which provides guidelines and procedures for the identification and referral of abused and neglected children

II. POLICY

The Montgomery County Board of Education, recognizing the serious local, state, and national problems of child abuse and child neglect, affirms its position that the Montgomery County Public Schools shall cooperate vigorously to expose these problems by early identification of abuse or neglect and by reporting suspected cases to duly constituted authorities whether or not substantial corroborative evidence is available. School employees are in a unique position to discover potential cases of abuse and/or neglect of children and youth through the age of seventeen years. Employees are required by Maryland law to report suspected cases of child abuse to the Department of Social Services or Juvenile Section of the Montgomery County Police Department. Suspected child neglect is to be reported to the Department of Social Services.

Effective action by school employees can be achieved through recognition and understanding of the problem, knowing the reporting procedures, and participating in the information programs in child abuse provided for Montgomery County Public Schools employees. Guidelines have been developed to provide direction for staff members in reporting suspected child abuse or child neglect cases. Staff personnel should be aware that by statue they are immune from any civil and/or criminal liability when reporting suspected child abuse, and from any civil liability when reporting suspected child neglect. Failure to report, on the other hand, might result in legal action being brought against a staff member and disciplinary action by the school system. Any doubt about reporting a suspected situation should be resolved in favor of the child, and this situation should be reported immediately. Any Montgomery County Public Schools employee who has reason to believe that a child has been abused or neglected, shall report this information in the form and manner provided.

To maintain awareness on the part of all professional staff members, the Montgomery County Public Schools will provide periodic staff development on the subject of child abuse and neglect.

INFORMATION ON AND PROCEDURES FOR REPORTING SUSPECTED ABUSED AND NEGLECTED CHILDREN

A. REPORTING CASES OF CHILD ABUSE

An abused child is any child under the age of eighteen who: a) has sustained physical injury as a result of cruel or inhumane treatment or as a result of malicious acts by his parent, or any other person responsible for his care or supervision; b) has been sexually molested or exploited, whether or not he has sustained physical injury, by his parent or any other person responsible for his care or supervision.

The abuse of children can cause permanent physical damage, and may be fatal. Researchers have found a very significant number of abusing parents were themselves abused as children. Perpetrators of violent crimes against persons -- even teenage offenders -- have frequently been found to have a past history of abuse by their parents or guardians.

Once considered a syndrome that affected only children under three, child abuse today is found as frequently among school-age children. Half of the known cases at the present time are school-age children, with the number who are adolescents rapidly increasing. Educators are in a unique position to identify and report child abuse. Every effort must be made to identify abused children and to prevent repeated abuse.

All Montgomery County Public Schools employees are required by law to report suspected cases of child abuse. As soon as an employee has reason to believe that a child may have been abused, he must call the Protective Services Section of the Montgomery County Department of Social Services, 279-1758, or the Juvenile Section of the Montgomery County Police Department, 762-1000. Simultaneously, the reporting person shall notify the principal that a report has been made. The obligation of the principal to report cases of suspected child abuse brought to his attention by his staff is not discretionary, and he shall assure that the case is duly reported if the reporting person has not done so.

When a report of suspected abuse has been made, a police officer accompanied by a social services worker will respond at once.

Within forty-eight hours, the person making the original oral report must send a written report of the incident to the Department of Social Services, with copies to the Montgomery County State's Attorney, the Juvenile Section of the Montgomery County Police Department, and the Supervisor of Pupil Personnel at the central office. One copy of the report will be kept in a confidential file by the principal but not placed in the pupil's folder. Montgomery County Form 335-44 is to be used for this written report.

1. Immunity

Anyone who reports suspected child abuse in good faith, or who participates in any investigation or judicial proceeding which results from a report of suspected child abuse is immune from civil liability or criminal penalty. Failure to report could result in a lawsuit with the possibility of substantial damages should an injured or murdered child's guardian be able to establish that the school employee had prior knowledge or suspicions which, if reported, might have prevented further injury to the child.

2. Reporting Cases Not Involving Apparent or Obvious Physical Injury

It is not necessary that the reporting employee observe any external physical signs of injury to the child. It is sufficient merely to presume that abuse has occurred when a child complains of having been sexually molested or of pain, which he says has resulted from an inflicted injury. In such cases the report should be made.

Employees should be aware that abused children typically explain injuries by attributing them to accidents in play or to sibling conflict. In any case, no employee should attempt to press a child on the subject of parental or guardian abuse to validate the suspicion of child abuse. Validation of suspected abuse is the responsibility of the Department of Social Services, assisted by the police. Any doubt about reporting a suspected situation is to be resolved in favor of the child and the report made immediately.

3. Purpose of Intervention

Reports of suspected child abuse are carefully investigated jointly by the Police Department's Juvenile Section detectives and social workers from the Department of Social Services. Each case receives a professional evaluation leading to whatever civil action may be necessary to ensure treatment for the family. Treatment may include a full range of therapeutic programs. The abuser is not subject to indiscriminate criminal prosecution. The State's Attorney and the police work closely with all involved professional personnel and authorities to establish alternatives to prosecution, whenever possible.

B. REPORTING CASES OF CHILD NEGLECT

The Montgomery County Department of Social Services has the legal responsibility for evaluating reports of suspected child neglect and for taking legal action to protect a child where necessary. Under Article 77, Section 116A of the Annotated Code of Maryland, any educator who acts upon reasonable grounds in the making of any report required by law, rule, or regulation or who participates in judicial proceedings which result from such report shall be immune from any civil liability which occurs. A neglected child may be one of the following:

1. Malnourished; ill-clad; dirty; without proper shelter or sleeping arrangements; lacking appropriate health care
2. Unattended; without adequate supervision
3. Ill and lacking essential medical care
4. Denied normal experiences that produce feelings of being loved, wanted, secure (emotional neglect)
5. Unlawfully kept from attending school
6. Exploited; overworked
7. Emotionally disturbed due to continuous friction in the home, marital discord, mentally ill parents
8. Exposed to unwholesome and demoralizing circumstances

All suspected child neglect cases should be reported on Montgomery County Form 335-44 to the Department of Social Services and the Supervisor of Pupil Personnel. If there is any doubt or question in reporting such cases, it should be resolved in favor of the child.

C. CONTENT OF REPORTS

Oral and written reports shall contain the following information, or as much data as the person making the report can provide:

1. The name(s) and home address(es) of the child(ren) and the parent or other person responsible for the care of the child(ren)
2. The present wherabouts of the child(ren) if not at home
3. The age(s) of the child(ren)
4. The nature and extent of the abuse or neglect suffered by the child(ren), including any evidence or information that may be available to the person making the report concerning previous physical or sexual abuse or neglect.

(Board Resolution No. 378-74, July 9, 1974, amended by Board Resolution No. 452-74, August 26, 1974).

EXTENSION'S EXPANDING ROLE IN SOCIAL DEVELOPMENT

The Cooperative Extension Service of the United States Department of Agriculture is widely recognized and accepted by the general public for its efforts in diffusing practical information to rural farmers, homemakers, and 4-H youth. Aware of the potential of the "Extension Model" for improving the overall quality of life, Cooperative Extension in recent years has been striving to find better ways to meet the needs of more citizens through broadening both its target groups and range of programming. This paper will focus upon an innovative attempt of the University of Wisconsin-Extension (UWEX) to more effectively expand its problem-solving capacities in the areas of social development through the creation of a new type of agent position.

THE EXTENSION AGENT MODEL

Research is often called the heart of the Cooperative Extension system. If this is so, then its soul is the community-based agent. Skilled in both the ways of the land-grant university and the local community, Extension agents regardless of specialization in agriculture, home economics, or youth have traditionally had as their fundamental purpose the improvement of the quality of life through planned dissemination of skill updating information in order to resolve current or anticipated problems in economic development (agriculture) and social development (family and community life).

Inherently implied in this developmental perspective is the two-way linkage of the concerns of individuals, families, organizations, and communities with resource systems. Vital components of the county agent model are identification of needs and solicitation of problem-solving responses from appropriate local or external sources. Equally important to the role model has been the active functioning of agents as community-based outposts for feedback as to the relevancy, utility, and quality of the University's research, instruction, and public service.

The success of the Extension Model has been well documented in the field of agriculture. Even the harshest critics of Cooperative Extension still acknowledge the contributions made by county agents to the commercialization of agriculture. However, as Cooperative Extension now undertakes to broaden its base and serve new clientele—especially the low income—many are questioning whether agriculture, home economics, and youth-oriented agents can be called upon to provide extension services in areas far removed from their initial competence such as recreation development, business, cultural arts, community development, or continuing adult education. Instead of attempting to turn traditional agents into "Jacks-and-Jills-of-all-Trades," the University of Wisconsin-Extension has elected to expand the Extension Model by creating specialized agent positions for community problem solving to be filled by individuals indigenous to the specialized content area as well as to the geographic region. One such specialization where UWEX'S creativity currently appears to be unique is in the area of health and social service.

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This article originally appeared in "Human Services in the Rural Environment," University of Wisconsin, Extension Newsletter, August, 1976.

The University of Wisconsin-Extension's active involvement in social development is not due to happenstance. It is the natural outgrowth of UWEX's continuing effort to program its problem-solving expertise to meet the pressing needs of society. From its "Wisconsin Idea" of the 1890's—extending the boundaries of the University to the boundaries of the state—to the merger of the public higher education institutions in Wisconsin into one unified system in the early 1970's, the University of Wisconsin system has been concerned with improving all aspects contributing to the quality of life. As part of a consolidated university, educational extension, and Cooperative Extension system, UWEX has access to vast resources for assisting in the coordination of human needs with social research, policy, programming, and change.

ORIGINS OF AN EXTENSION HEALTH AND SOCIAL SERVICE SPECIALIST

The University of Wisconsin-Extension cannot take sole credit for the development of the concept of an Extension specialist in health and social service. As Cooperative Extension began to broaden its focus nationally in the mid 1960's, a number of adult educators suggested that Extension increase its involvement in social as well as economic development concerns. In a book published in 1968, Dr. Nathan E. Cohen stated.[1]

> . . .(The University of California at Los Angeles is) exploring something in this particular vein, starting with the prototype of the old agricultural model. The university not only trains people for agriculture and research, but goes one step further - it sets up the agriculture station around community problems. Some of us feel that the time has come for the university, through its extension program, to provide a facility in a community that could be used by the different groups in the community as a resource, have the expertise there for anything from training to workshops on social action to analysis of problems. We should provide the information and the resources and leave self-determination to the community.

West Virginia was also among the pioneers in Extension's involvement in social development concerns. In a 1969 paper, Leon Ginsberg of West Virginia University called for the "re-orientation of related professionals (including Extension agents) for the provision of social welfare services in the (rural) communities."[2] In a 1970 article entitled "New Roles of University Extension," Alan S. Komins described several factors which prevent full-scale university commitment to nonagricultural problems in communities but cited as an example of innovative programming that "graduate students in Social Work are being successfully placed in the Extension field offices (as part of their graduate training)."[3] In 1972, West Virginia University's Center for Appalachian Studies and Development published its final report on a five-year pilot project begun in 1964 to explore how Cooperative Extension could contribute to the improvement of the quality of life for the rural poor by modifying or adding to its existing programming. In part, this report - "Approaches to University Extension Work With The Rural Disadvantaged" - concluded:[4]

> Extension programming for the disadvantaged is likely to require considerable modification of the traditional roles, responsibilities, and orientation of Extension educators. In effect, such modifications of role constitute a type of organization change dependent upon the adaptability and willingness of the staff members themselves. . . .If at all possible, careful selection of staff members with particular attention to motivation, interest, and personality for work with the disadvantaged should be stressed. If selection is not possible, attention should be given to assignment of staff responsibilities based in part on the traits and capabilities of present staff. Another possibility is that new staff, who may be less constrained by commitments made to traditional roles than staff members with many

years in Extension, may be assigned to new programs.

Paul Miller, President of Rochester Institute of Technology, in a 1973 monograph widely circulated among Extension personnel, also advocated that "Cooperative Extension should learn to do more about the deplorable human services which characterize most rural and small town communities, especially in disadvantaged regions." Miller then went one step further by suggesting that "as the mission of Cooperative Extension broadens to rural humanism, so too must the academic base from which personnel is recruited be broadened." In assessing Extension's overall role in social development, Miller strongly stated:[5]

> A program of change that disproportionately develops capital and natural resources over human resources leaves human beings, individually and collectively, unable to adjust to the changes induced. Throughout the saga of Cooperative Extension, spokesmen for human resource development endured but spoke to a slight audience indeed. Instead, high priority was given to price production programs, to technologic diffusion, to immediate gain rather than to long-term welfare, to price supports rather than to school, health, and social services. The emphasis too often benefited those least in need.

Edward Buxton of UWEX's Center for Social Service expanded the concept of Extension involvement in health and social service problem solving an additional step by advocating that a field specialist in the Extension Model be created to link university resources to human service practitioners in the field. Unlike the previous citations which stress increased Extension involvement with only the disadvantaged, Buxton's article called for broader developmental perspective:[6]

> I would not suggest that this person (the Extension Model specialist) should ask that the community do things for the poor, the delinquent, or deviant as a separate group. While I believe strongly in volunteer and service activities, we would be closer to the Extension Model if the focus were on the functioning of the average family, the organization, and the community. Having seen public welfare leaders try to sell services for the needy for many years, I have come to suspect that better services for all could be sold on the basis of the needs of all. For instance, the problem of the one-parent family applies to all income levels from poor to rich. This would be a more acceptable focus than services to AFDC mothers, whose needs are very similar but whose public image is poor. As another example, services to youth are likely to strike a receptive note in most families while services to delinquents may be viewed as services to a deviant "them."

UWEX'S POSITION OF "HEALTH & SOCIAL SERVICE EDUCATION AGENT"

Despite these references in professional literature there has been a definite lack of early adopters to diffuse the concept of an Extension field specialist in social development. It appears that the first to accept the risk of innovation by actually creating such a field specialist position is the University of Wisconsin-Extension. Through the cooperative effort of UWEX's Community Programs, Health Sciences, and Center for Social Service programming units, the position of "Health and Social Service Agent" was created on January 1, 1975 to provide a two-way link between the UWEX system and the unmet or emerging health and social problems of communities. As Cooperative Extension employees, these agents are directly responsible to the District Director of Community Programs for the geographic area they primarily serve in all matters related to overall program development, implementation, and evaluation. Recruited from a wide variety of health and social service disciplines, such agents are granted academic rank and tenure in academic departments in accordance with University of Wisconsin policy. Each agent is responsible for maintaining

regular contact with the Health Sciences and Center for Social Service programming units to seek and provide regular consultation in the planning process as to how UWEX can best respond to short- and long-term community social development needs.

Through informal teaching, problem-oriented research, and public service in the form of technical assistance and consultation, Health and Social Service Education agents are specifically charged with working in cooperation with other UWEX faculty to:

1. Provide, through continuing education opportunities, for the updating of professionals delivering health and social services.
2. Provide information to citizens concerned with health and social services to enable them to work effectively for quality services available to everyone.
3. Provide assistance to professional planners in the health and social service area to aid them in designing adequate institutional delivery systems for problem solving.
4. Involve UWEX and campus academic departments of the University of Wisconsin as well as other appropriate agencies in the solution of health and social problems currently unattended to in the area.
5. Teach subject areas of competence in workshops, courses, institutions, etc., related to above responsibilities.

POTENTIAL FOR DEVELOPMENT OF THE HEALTH AND SOCIAL SERVICE EDUCATION AGENT POSITION

At the present time, the two operational Health & Social Service Education Agents in Wisconsin are testing the parameters of the position and assisting potential clients to better understand what can be expected from the university system. One specific concern about the position which has been identified for clarification is the potential for overlap of roles with employees of the State Health and Social Service structure, especially staff development specialists. There are some basic differences, however, which begin to help delineate roles:

1. The basic responsibility of Extension is education not delivery of human services. Unlike the health or service agency, Extension provides services only to obtain or disburse information within its education mission.
2. As part of a university system, Extension agents are usually in a more neutral and less suspect role than are their agency counterparts when suggesting innovations to local agencies operating under state policies and supervision.
3. Extension is in a position to provide assistance to the entire range of formal and informal service providers in the community not just those directly funded under specific public categorical programs.

The true potential of this new position will probably become more clear as Health & Social Service Education Agents are able to work in smaller geographic areas as typical county agents have done. Currently, one of UWEX's new agents is serving a tri-county area. The other is responsible for a twelve-county district. While such area-wide agents have appeared to be able to tailor programs to local needs better than campus-based, state-wide faculty, it is assumed that an even better job of developing and maintaining community contacts could be done on the single county basis. County emphasis would allow for two lines of community service which so far have been minimal – training of staff within a single agency and the conducting of problem-solving workshops which focus on immediate problems of counties and municipalities.

The Health Sciences and Social Service programming units of UWEX are well aware of the problems resulting from human service practitioners having to travel long distances to have access to opportunities to update their skills. Not only does the investment in travel and time reduce attendance but often the one or two participants who are able to attend from an agency find it difficult to maintain enthusiasm or even be allowed to apply what they have learned due to inadequate follow-up support when they return home. It is assumed that by bringing the instruction to an individual agency or grouping of agencies in a community that not only would more practitioners be able to attend but that the instruction could be made more need oriented. Both of these factors would enhance the actual utilization of the information presented.

With a single county base, the problem-solving community workshop would also become more feasible. Problems such as delinquency, high divorce rates, and maldistribution of health services might provide the base for meetings of human service professionals, public officials, users of services, and interested citizens. As a community change agent, the Health & Social Service Education Agent could convene such meetings and provide staff services by identifying speakers, resource persons, or consultants with varying viewpoints. By assisting community members to identify local problems, the agent could perhaps foster better understanding of why the problems developed, encourage examination of alternatives that could be used to ameliorate the problem at the local level and stimulate exploration as to ways of preventing the spreading or reoccurrence of the problem. Hopefully, as a result of such meetings, and the other educational interventions of Health & Social Service Education Agents, citizens could be moved to take an active role in the on-going development and implementation of innovative social policy in their communities.

FOOTNOTES

1. John C. Turner, *Neighborhood Organization For Community Action,* (New York: NASW, 1968).
2. Leon Ginsberg, "Social Problems in Rural America," (*Social Work Practice,* 1969).
3. Alan S. Komins, "New Roles of University Extension," (*Social Casework,* March, 1970).
4. Beryl Johnson; Robert Miller; Wil Smith; and Frederick Zeller, "Approaches to University Extension Work With The Rural Disadvantaged," (*West Virginia University Bulletin Series,* September, 1972).
5. Paul Miller, "The Cooperative Extension Service: Paradoxical Servant - The Rural Precedent in Continuing Education," (Syracuse, New York: *Syracuse University Publications in Continuing Education,* August, 1973).
6. Edward B. Buxton, "Adding An Extension Approach to Public Welfare," (*Journal of Humanics,* December, 1974).

RURAL NEWSPAPERS:
A Community Education Network

Newspapers and community organizations can enjoy pleasant relationships with each other that can do much to enhance each other. There is no getting around the fact that it will be easier and more productive for both sides if each understands the nature of the other.

First, organizations should accept that newspaper editors do understand and respect a group's desire for news coverage. Editors, however, have an obligation to all the readers of a newspaper to make sure that all the news inside appeals to as many people as possible.

An editor also makes decisions about what is really news. And this is where the good relationships often run amok. Conflicts in this regard may never be completely resolved, even on a very rural, and casual, level, because it is a fact of life and a precept of a free press that the newspaper almost always gets the last word.

No newspaper, regardless of how big or small, wants to see its pages used to further the private goals of a few individuals. So the line has been drawn between news and publicity. The line is different with every newspaper.

Don't expect a newspaper to be very sympathetic to a request for publicity. In fact, strike that word from your group's vocabulary. Concentrate on making news, and your group will gain press coverage. Newspapers are in the business of gathering and disseminating news, not publicity.

If you keep press dealings in this context, and do all you can to help the newspaper acquire good news reports, yours will be a long and cordial relationship. The paper will consider you a good news source.

Organizations should be reasonably sympathetic to what is possible for a newspaper to accomplish. Understand there are limitations on space, time and staff. Find out what your newspaper's deadlines are and respect them.

Because of the above factors, editors are used to make the decisions about what goes in the paper and what reporters are assigned to do. A reporter has only a limited ability to get something in the paper. Editors make the decisions. They have a lot of training in this regard and their decisions are usually based on what is the most important item at a given time, and what information will be to the best use of the most people.

So they cannot always be "fair" in the context of whose turn it is for coverage or who is "deserving" of coverage.

Realistically, these factors will vary in intensity with each newspaper, but a group will never go wrong by understanding the potentials.

If you mail in a news report rather than phone it in, keep it brief and confined to the facts. It should be legible, written or typed on one-side of the page only and with at least two inches of white space at the top. Include the famous five Ws and one H in the report: who, what, when, where, why and how.

Also add the name and phone number of someone who can provide more information if the editor wants to include it. Address the information to the "city desk" and it will end up in the right place.

This article was written by Barbara Rasmussen, reporter for the *Dominion Post*, Morgantown, WV.

A wire service style book or journalism text book can aid the newslease writer in understanding newspaper style and techniques.

Many groups elect a publicity chairman or a public relations officer. This is often helpful, but the job should never be given to someone who cannot handle the job. The person must truly have access to enough information to keep the press informed. If not, two things will probably happen. The newspaper will ignore your group or it will find someone else within it who can answer the questions.

Do be prompt with reports of past events, they won't be news indefinitely.

If there is some project which you believe is worthy of a newspaper's editorial support, there is only one appropriate way to handle such a request. Talk directly and personally with the chief news executive. Make an appointment. Be ready to answer questions about finance, staff, qualifications, background and any other aspect of your project that might come up. Do not be dismayed if he turns down your request, it does not mean there will be no reporting of your event. That will continue unchanged.

If your group wants a reporter to cover an event or a photographer, then the rules change a little bit. When you send news to the paper, you retain control of what information is given to the press. When a reporter comes, you become a source. You have relinquished some, but not all, control over what is "fair game" for reporting.

The reporter will want to substantiate, by questioning, information you are providing. He will come as an impartial observer of events. Expect questions about your group's structure, function, leadership, goals and finances. Answer all the questions as best you can—especially if the group receives any public funding at all.

If you want to give the reporter background or perspective information but don't want it published, say, "This is off the record, for your background." But don't do it very often. A reporter doesn't want to hear a lot of good information he can't write. What will he tell his editor?

Sometimes it helps to understand how a newspaper is organized. Depending on how big it is, the structure will be simple or complex. Most all newspapers have editors of all sorts of things. There are supervisory editors and special section editors. For most purposes, a news source is dealing with a reporter, who is following the instructions of his boss, the city editor, who takes orders from the managing editor.

There are a few sacred cows in the journalism business, and things will go better for sources when they can respect them. Included are these don'ts:

—NEVER ask to review an article before it is published.

—NEVER insist on a certain headline or news placement.

—NEVER believe a reporter who says he'll get a story in a certain place. He does not have that prerogative.

Be careful about offering gratuities to reporters, they may accept them, but they will not color their stories in return. Most prefer not to accept them at all. A letter of thanks is always appreciated more. (Since a newspaper is a real team effort, thanks should go to the team as a whole, with perhaps brief mention of a particularly helpful individual.)

You should always insist that the paper report accurately. If a mistake is made, ask them to clarify it in their next edition. But be fair; if the error was not the paper's, let the editor know that, too.

recreation

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PUBLIC RECREATION

Recreation is a normal, necessary part of people's lives. Recreation is not primarily a means of cultivating desirable qualities or alleviating social problems. Leisure is voluntary and not fomalized into a rigid social structure. However, roles, sex, age, and class distinctions undeniably operate in leisure as in other aspects of life. The use people make of their leisure time is of legitimate social concern. What we do in our uncommitted time, as individuals and as communities, defines who we are. The ultimate goal of recreation is enhancement of the quality of life.

The range of recreational activities is as broad as the interests of people. Organized recreation alone is addressed through public, semi-public, private, and commercial institutions. These four types of recreation providers may be distinguished in terms of their source of economic support.

Commercial recreation is supported by concerns which intend to turn a profit; such ventures include movie houses, professional athletics, and race tracks. **Private** recreation is supported by those who directly receive the recreational service; private golf courses and swim clubs provide examples here. Voluntary contributions from people who will not necessary benefit directly from recreational services support **semi-public** recreation; Scouts and YMCA/YWCA are included here. **Public** recreation draws its support from public funds

This article will consider public recreation. Public recreation may be the only source of organized recreation available to rural populations if population and wealth are not sufficient to support the other forms of organized recreation.

Before proceeding to the consideration of public recreation, it is important to understand that recreation is an end in itself and only incidentally a possible means for treating child neglect. Studies of recreational opportunities, particularly those made before World War II, tend to be concerned with issues such as juvenile delinquency, venereal disease, and traffic accidents, all of which are to be remedied by judicious application of public recreation (Chicago Recreation Commission, 1942) (Monongalia County Recreation Council, 1938). Current expectations of public recreation may be less encompassing or just more subtle. The idea persists, particularly among social workers, that public recreation may be, or must be, justified in terms of social ends to be achieved.

In the face of such persistent attitudes, recreation professionals may be guilty of overemphasizing the basic fact that recreation is its own goal. Of course, public recreation programs incorporate physical, education, and social benefits in their design. It is also quite true that public recreation workers have broad contact with the general population, particularly children. Recreation workers are often in a position to detect child neglect and abuse. These workers certainly should know how to recognize and deal effectively with instances of child abuse. It would be most difficult to design a recreation program entirely without physical, educational, and social benefits, even though they are secondary to the fundamental purpose of recreation.

This section is written by: Chris Abrahamson, BA, Program Director, Monongalia County Consolidated Recreation Commission, Morgantown, WV.

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Having thus distinguished the recreation professionals' ideas about recreation from the ideas commonly held by social workers and others, it must, somewhat shamefacedly, be admitted that it is easier for recreation professionals to agree on what recreation is not than on what recreation is. Precise definitions and theories of recreation and leisure have yet to be generally accepted [F. P. Noe, 1970; see this article for further discussion of the state of the art in leisure theory].

Does recreation mean, literally, to re-create? From the word alone, one envisions the individual destroyed by the events of the workday world who is restored through recreational activity to a level at which she/he is again prepared to face the destructive world. Is this really what is meant? Is recreation different from play – or is it merely a sophisticated, adult term for the same phenomena? Why do people play, or have recreation, or engage in leisure pursuits? How do they choose their activity? How can these choices be guided or accommodated with public and commercial facilities? These are areas of concern for academic recreation professionals upon which they have not reached, or even approached, agreement.

In the meantime, the general population uses the term "recreation," establishes public institutions for recreation, and here is concerned whether rural people are adequately served by public recreation. Are rural people, particularly children, systematically neglected in having less access to public recreation than their urban counterparts? To answer this question requires a consideration of public recreation.

Public recreation in the United States started in the late nineteenth century at a time when industrial developments began to concentrate people in cities at an unprecendented rate. Public recreation originated as a social response to urbanization. Thus, quite understandably, public recreation tends to retain an urban orientation. Moreover, with continued urbanization, the growing sparsity of a rural population created conditions that are not readily suited to the traditional organization of public recreation. Even so, the recreation needs of the remaining rural people are no less vital than those of urban residents.

Public recreation is commonly structured on a municipal level. The fact that rural people are without the device of municipal government precludes them from using this structure for public recreation. Rather than doing without public recreation, other structures for organizing public recreation must be sought to fill the municipal gap.

In addition to county agencies specific to recreation, public schools, public libraries and museums, and the Extension Service are possible sources of public recreation in rural communities. (Rural community organizations may concern themselves with recreation, but as these organizations are semi-public rather than public, they will not be further considered here). Special recreation districts may also serve rural recreation needs. Each of these devices with potential for organizing rural recreation will be discussed below.

County Recreation Agencies

Counties were originally established for the administration of state policy. In response to demands from the urban fringe, counties have more recently assumed responsibilities concerning the satisfaction of local needs. Among these newer responsibilities stands the provision of recreational facilities and programs. Almost all states have legislation enabling counties to acquire, improve, and maintain parks (Hjelte, G., and Shivers, J.S., 1971).

County recreation agencies commonly work in regional terms, developing facilities designed to serve both urban and rural populations. The regional approach, effective for its particular purposes, leaves unsolved the problem of providing **local** public recreation, as distinguished from regional

services, to rural populations. This unfortunate situation has been recognized in the recreational literature for many years (G. Hjelte, 1940).

Public Schools/Community Schools

Public schools have two major responsibilities in recreation. The first is education for leisure. The second is to open school facilities and resources for public recreation. In the rural context, it may be noted that since the school board serves the rural child more directly than the county government, the school board would be a logical vehicle for organizing public recreation for children in rural communities. Rural schools have traditionally functioned as community gathering places, a tradition established long before the need for community centers was identifed in the urban context.

Education for Leisure

One of the avowed purposes of modern public education is to prepare for the worthy use of leisure time (formally stated as early as 1917 by the National Education Association [NEA, 1917]) to teach the art of living as well as that of making a living. Accordingly, school curriculum include time for exploring subjects which will probably become recreational rather than professional interests of most of the students. Music, for example, is taught without the purpose of instructing professional musicians. So are art and shop. Physical education introduces sports in which many people will maintain a recreational interest when school days are finished. What, then, is the distinction between modern public education and recreation?

Education and recreation often share content, but they have different purposes. Education is preparatory, focused on the future. Recreation is focused on the present. Here it may be pertinent to note that a study concerned with constructing a predictive model for future outdoor recreation demand analyzes the relationship between childhood recreation experience and adult recreation behavior (Dean R. Yoesting and Dan L. Burkhead, 1973). The activity level of an individual as a child directly affects the activity level of that individual as an adult.

Of particular interest to the focus on rural people, Yoesting and Burkhead's data, gathered in six rural Iowa counties, indicate that childhood residence (i.e., farm, rural nonfarm, town, city) does not affect the level of recreational activity of an individual as an adult. While Yoesting and Burkhead's investigation is limited to **outdoor** recreation activites, the evidence they collected certainly has implications for the broader scope of recreation in general. Perhaps it should be a function of public education to allow children to develop adequate and appropriate levels of recreational activity.

Recreation services are justified when the participants enjoy them. It is not strictly necessary to enjoy education.

A further distinction between education and recreation lies in the voluntary nature of recreation contrasted with the compulsory element of education. By insisting that children attend recreational programs, parents may remove the voluntary aspect of the activity and possibly destroy the recreational experience.

School Facilities for Public Recreation: Community Schools

The most widespread program for using school facilities for public recreation is contained within the national community education/community school movement. Community education proposes,

through the use of community schools, to make maximum use of community resources to provide a comprehensive education program for the entire community and to accommodate the community's recreational and leisure time interests.

About 700 public school systems in the United States are currently implementing community education. The 1974 Community School Development Act, part of the amendments to the Elementary and Secondary Education Act, allows federal funds to be allocated for assisting local public school systems in establishing community education. Such funds were first available in 1976. As of 1975, nine states (including West Virginia) have enacted legislation supporting community education.

The National Community Education Association (1017 Avon Street, Flint, MI 48503), founded in 1966, serves as a national clearinghouse for community education information and materials. A national network of more than 60 centers for development of community education serves the entire United States.

A renewed resolve for public recreation and community school cooperation and coordination is reflected in the recent National Recreation and Parks Association publication (R.M. Artz, 1976).

Public Colleges and Universities

Apart from the public elementary and secondary school systems, many rural areas are the site of public colleges and universities. Such institutions may provide recreational opportunities for the people in the surrounding rural area. Even when facilities are restricted to registered students, activities such as art shows, concerts, dramatics, and sports events are commonly open to the general community. Many public institutions of higher learning are geared to community service, particularly in the context of cultural events. Frequently public colleges open facilities such as swimming pools and bowling alleys to the general public in some degree.

Public Libraries

Reading is a form of recreation in which large numbers of people with diverse interests engage. Public libraries are not always recognized as recreation agencies, but their function is largely recreational. Public libraries makes a wider variety of books, periodicals, records, and, in some cases, even paintings and films available than most people could hope to afford individually. Libraries also commonly have public meeting rooms available to community groups. Libraries often organize discussion, lecture, and film series for all age groups. Story hours for children are a popular feature of many libraries.

While libraries are generally located in urban areas, outreach service by bookmobiles, outreach workers, or mail extends public library facilities to rural people. Branch libraries may be located in rural communities. Many states provide state funds to local library operations. Counties also fund local libraries.

Public Museums

While public museums, like libraries, are most often found in urban settings, occasional exceptions are found. In most cases, rural location of museums is made when location is dictated by historical or geographic considerations pertaining to the collections to be displayed. Generally museums in rural areas appeal to the regional or even national population. These institutions may operate concurrently on a local level as well, serving the local rural area with programs and facilities much as the library may.

Extension Service

The U.S. Department of Agriculture addresses recreational needs through the Extension Service. The Extension Service, which operates from land-grant universities, is funded on a cooperative basis with state and county governments, including county school boards. The purpose of the Extension Service is to make the resources of the land-grant universities available to the general community. The Extension Service has traditionally been concerned with recreation in rural communities.

In 1921, the Extension Service organized 4-H, initially as a tactic for dispersing agricultural information developed in land-grant university research – the idea was that farmers would be receptive to new methods when their success was irrefutably demonstrated by the 4-H children's projects. From an agricultural base, 4-H has expanded to a general educational and recreational organization for youth.

Although 4-H relies extensively on volunteer leadership, the Extension Service advises and coordinates its activities. Although 4-H has traditionally had a rural orientation, it is currently actively working to broaden its appeal. Even so, the most active 4-H clubs tend to be located in rural areas.

Special Districts

Organization of special recreational districts with powers to establish recreational service systems financed through taxation on sales or property within the district is the final alternative for providing local recreation facilities and programs in rural areas to be considered here. Such districts may be created by state legislatures or by county governments under authority granted by state legislatures. The initiative for formation of such districts generally must come from property owners or voters of the proposed district.

Special districts for local community recreational service have been established in some rural areas as rural people recognize their recreational needs. This device has been used to overcome one difficulty confronting county provision of rural recreation service, that is, the apparent unfairness of using county funds raised primarily through taxes assessed on city property in programs which are available to or benefit exclusively noncity people. According to Hjelte and Shivers, special recreational districts have been established only in California, Colorado, and Oregon.

Organization for Rural Public Recreation

In answer to the question of whether rural people are adequately served by public recreation, it appears that through county recreation agencies, the public schools, public libraries and museums, the Extension Service, and special recreation districts, a potential exists for rural people to enjoy public recreation comparable to that which is available to urban people through municipal organization. This list of potential recreation-serving agencies is not necessarily complete. Of course, all of these organizations are available to urban people as well as rural people. It is a special challenge to get local public recreation for rural people from these institutions.

The solution to the current problems of public recreation for rural people seems to echo the theme of the CAN undertaking: effective organization of rural communities to utilize existing resources is the key to success. Characteristic rural problems such as physical, social, and cultural isolation, lack of leadership, and lack of finances all have bearing on providing public recreation to rural areas, but once organization is established, these problems are not insurmountable. Who should be responsible for such organization?

It seems unfair to require citizens at large to perform such a monumental task. Certainly such organization falls within the realms of some public employees. However, people comfortably established in their

relation to the power structure are unlikely to assume such a task, at least not without pressure from the public. How can such pressure most effectively be applied?

Citizens concerned with provision of public recreation, whether rural or urban, should first recognize that no politician is against public recreation in principle. The problem is to establish recreation needs as a funding priority.

The next step for the rural citizen is to become acquainted with current plans and provisions for public recreation affecting the rural community. Find out what the county master plan has to say about parks and recreation facilities. Find out whether regional organizations and regional plans include your rural community. Explore the agencies described above. Through such investigation, you will begin to know the political realities of the situation.

Where to go from here depends on the specific possibilities uncovered in the initial investigation and on the amount of effort people are stimulated to give.

As a postscript, I would note that physical and emotional abuse of children through early athletic training (Little League pitching arms, for example) has not been addressed in the recreation section because such activity clearly goes outside the limits of recreation by whatever definition. The tendency to identify athletics with recreation is widespread, however, and perhaps passing mention should be made of such phenomena here, since they may not be included elsewhere.

The effects of competition on children are not entirely clear. It is safe to say that competition affects some people adversely. Accelerated high-pressure athletic programs are no more recreational than accelerated high-pressure music or dance for children. It is certainly positive for parents to take pride in their children's achievements. When children's "recreational" activities are manipulated by parents to satisfy their own personal ends, however, they are abusing their children.

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COMMUNITY SCHOOLS

The community school concept was started 40 years ago in Flint, Michigan. There are now community school programs in every state with over 800 programs operating throughout the United States. The basic principle behind the community school movement is the fact that public school facilities are owned by and belong to all of the people of the community – paid for by tax dollars.

When public education is the only activity conducted in the schools, these buildings are idle more than 60 percent of the time. "The community school expands the role of the school from a formal learning center for the young, operating six hours a day, five days a week, thirty-nine weeks a year, to a total community opportunity center for the young and old, operating virtually around the clock throughout the calendar year . . ." (Manual of Operations for Community Education, pp. 4-5).

Community school programs are established not only to utilize public school facilities and resources but to combine these with the resources of community organization and local government agencies ". . . to provide educational, recreational, cultural, health and other related community services for the community that center serves in accordance with the needs, interests, and concerns of that community" (Manual of Operations for Community Education, pp. 1-2).

If a community is interested in having a community school program, the first step is to see if other community schools exist in the county. If so, the community school framework already exists, and the community must establish a group to present a proposal for a community school program to the county superintendent and board of education. This proposal should include information as to local needs and wants, local resources, and a brief overview of the project, including local community education goals.

If the community school framework does not exist in the county, the state department of education should be contacted for information. States are moving toward specific legislation, so each state will be different. Most states provide "how-to" information booklets geared to the county and local levels.

If a community has the needs and interests to open the schools for community activities, probably the first question is "how can we pay for these programs?" In many states, the program is developed and coordinated by a member of the school personnel (i.e., teacher or vice-principal). But the programs and activities often pay for themselves through fees and charges. Boards of education and county commissions will often assume some of the costs.

The community school program is a very realistic way for communities to expand services and opportunities to all citizens. Facilities are readily available, program costs are minimal, and a tested framework is available for replication.

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THE CHILD IN SPORT

The following rather extensive excerpts are from "The Child in Sport and Physical Activity," selected papers presented at the National Conference Workshop entitled "The Child in Sport – Physical Activity," edited by J. G. Albinson, Ph.D., and G. M. Andrew, Ph.D., School of Physical and Health Education, Queen's University, Kingston Ontario, Canada. The book was published by University Park Press, 1976, Baltimore, Maryland. The selected papers were presented by an impressive array of scientific and human service professionals. They provide a useful perspective on ways in which sports activities can become a part of child abuse and neglect when used thoughtlessly.

Excerpts – Preface

In the North American context at least, there prevails a rather fragmentary approach by society to the problems of the child, and especially in respect to the aspects related to play, sport, and physical activity programs. From the viewpoint of facilities development, communities are planned for parents, with facilities such as play areas for the child left as an afterthought by the planners. Likewise, a similar low priority within school systems is given to physical activities. This is especially true of elementary school programs where leadership often is the responsibility of the classroom teacher who in many school jurisdictions lacks any interest, knowledge, or professional training in physical education; accordingly, "gym" is commonly relegated to a level of minor priority in the educational system. As a consquence, it is often the case that when children have reached high school (ironically where the best facilities and professional leadership usually exist) the child has developed negative attitudes toward sport and physical activity. Furthermore, sports and physical activity programs often operate on the principle of exclusion rather than inclusion; that is to say, team selection and even school physical education programs espouse the principle of elitism which serves to enhance the motivation of the skilled performer only. If sport and physical activity play roles of value to society in general, and the child in particular, it is important for concerned people to examine the past progress, current status, present trends and future directions desirable (pp. vii-viii).

Excerpts – Keynote Address, Willi Daume, Vice-President, International Olympic Committee

In the Federal Republic of Germany social conditions are determined primarily by the constitution, and specifically those clauses that pertain to human rights. Because of what I have to say later on the social importance of sport, and on the extent to which sport can contribute to man's achieving his rights, I wish to cite a few of the relevant clauses. Specifically that each person is assured: the inviolable freedom to develop one's personality; equality among all human beings (including the equality of men and women and the assurance that no person be either favored or discriminated against because of birth, origin, or social standing); the right to live, to achieve, and maintain physical health (p. 1).

The Solution – Suggestions

Children's sport seen in these terms cannot be realized without sufficient suitable playing area. We, therefore, need: playgrounds in towns – two to three times as many as we have at present; recreation and common rooms, games and sports equipment, outdoor playing areas and areas in the kindergartens; children's playing rooms and swimming pools in apartment houses; sufficient sports

facilities in each school.

There is no need for separate facilities for the different age groups, since the needs overlap and, furthermore, expenses have to be kept down. However, the facilities should be able to be altered by movable walls and should not be too standardized to restrict the desire for movement. The ideal to my mind would be combined recreational and sports centers where both adults and children could do sports together.

A more modern form of sport, which is better adapted to development, more attractive, more oriented toward leisure time, and available for all children can only be realized if all the bodies responsible, parents, kindergartens, schools, political parties, governments, welfare organizations, religious bodies, sports federations and sports clubs, contribute toward its achievement. Cooperation at many levels is essential.

Parental involvement is the first stage. If they could be made aware of the great importance sport has for their children they would form by sheer number a powerful pressure group for getting the authorities concerned moving. In addition, their children's life at home would also become more sports oriented.

The political parties above all could contribute to forming an awareness of the situation. They would be able to impress on governments that the expansion of the external signs of well-being should not be achieved at the expense of the natural playing room. The same applies to the sciences. Their contributions on children's sport and games are necessary to win over parliaments, governments, schools and public opinion.

The sports clubs, however, still have a large role to play in this sphere. Apart from their normal sports activities, which are primarily devoted to competitions, they must create better models for recreational sport for children, such as small groups of children to intensify athletic activity, family groups including parents and children, setting up clubs for pre-school and school children, training, specialized instructors who can also help with the other facilities and so on.

Ladies and gentlemen, we face an overwhelming task if we wish to achieve all this, particularly since we have many other branches of sport, and not only sport, to attend to. But I think that it is worthwhile. For, in the last analysis, what we are doing is opening up more room for man to live a happy life in a world which is becoming constantly more crowded (pp. 14-15).

RECREATION FOR SPECIAL POPULATIONS

Recreation is much more than activities used to enjoy idle time when one is not learning or working. For children, recreational experiences provide opportunities to develop physical and social skills that they will use for the remainder of their lives. The development of basic motor skills such as strength, balance, agility, and coordination contributes to physical fitness, which ". . . promotes feelings of well-being and self-acceptance . . . and organized sports provide opportunities for personal achievement while teaching rules of competition and controlled release of aggression" (Recreation Handbook for State and Local Unit Recreation Committees, 1973). Social behaviors such as working cooperatively in groups, interacting with peers, creativity, and conversation are learned through many recreational experiences, including games, drama, and arts and crafts.

When children, nonhandicapped and handicapped alike, are denied recreational activites, they are excluded from many opportunities important to their development. Special populations (the ill and disabled) have the same rights as their nonhandicapped peers to wholesome recreational experiences.

In addition, special populations often need additional or special programs adapted to meet their needs. Regular community recreation programs are not organized with the disabled in mind. The activities are often too mentally or physically advanced. Participating in this kind of program is frustrating and self-defeating. The Proceedings: Interdisciplinary Working Conference Protection of Children states that "setting unrealistic goals and demanding fulfillment of them" is an indicator of abuse (Morgantown, WV, November, 1975, p. 64). This is often the case when special populations are forced, by having no other alternative, to participate in recreational activites developed for nonhandicapped children.

A disabled child may also be prevented from participating in neighborhood play situations because of attitudinal barriers in the community. Even when they are able to keep up with other neighborhood youngsters, the disabled are often teased, ridiculed, and unaccepted by their nonhandicapped peers. Parents often contribute to this situation by false ideas that the disability might "rub off" on their children or that their child might not get appropriate stimulation by playing with a disabled child.

In addition to the problems of participating in organized community recreation and neighborhood play situations, many times the disabled child needs help in learning how to play – alone as well as in groups. Recreation programs designed specifically with the needs of special populations in mind are called therapeutic recreation. These programs or activities are therapeutic in the sense that they are designed to enhance the disabled individual's chances for habilitation or rehabilitation. The National Therapeutic Recreation Society defines therapeutic recreation as ". . . a process which utilizes recreational services for purposeful intervention in some physical, emotional, and/or social behavior to bring about a change in that behavior and to promote the growth and development of the individual."

Examining therapeutic recreation as one preventive measure of child abuse and neglect, it is interesting to note that one of the earliest studies in recreation for special populations was conducted at the Lincoln State School and Colony in Illinois ". . . to conduct a program of activities consistent with

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This section is written by: Sandy Perine, BA, Director of the Creative Recreation Involving Special Populations (CRISP) Program, Valley Community Mental Health Center, Morgantown, WV.

the interests and abilities of mentally handicapped children, this program to serve as a substitute for former repressive measures of control" (Bertha E. Schlotter and Margaret Svendsen, 1951). This program was so successful that the school established a department of recreation.

Historically, therapeutic recreation services began in hospitals and institutions. Community-based recreation programs for special populations have only recently (1950's) emerged (Maynard C. Reynolds 1968). The recent thrust to release individuals from institutions back into their home communities has made community-based programs for special populations a necessity. The vast majority of these programs are in larger urban areas. However, the equally important need for therapeutic recreation services in rural areas has recently been noted. West Virginia is primarily a rural state. In 1976, the West Virginia Developmental Disabilities Council, affiliated with the West Virginia Commission on Mental Retardation, awarded a grant to Valley Comprehensive Community Mental Health Center to develop a model therapeutic recreation program for Monongalia County that could be replicated in other West Virginia counties.

As there are special populations in every community, each community should have therapeutic recreation services available to these individuals. Perhaps the most appropriate provider of these services is the public recreation sector. Usually, for a variety of reasons, public recreation views the provision of therapeutic recreation programming as a low priority. Unfortunately, this often means that no such programming is provided. One legitimate reason that cannot be overlooked is that an organized effort has not been made to educate public recreation providers to the needs of special populations for recreation. However, even when this is accomplished, the most commonly cited reasons for avoiding the provision of therapeutic recreation services are: (1) cost, (2) the lack of specially trained staff, and (3) the lack of facilities, equipment, and supplies (David Compton, Twyla Misselhorn, Carol Stensrud, Connie Williams, 1975).

Communities which are in need of recreation services to special populations and which are committed to finding the solutions to the problems of their provision have several alternatives. If we assume that public recreation departments are the logical providers of this service, communities have to make the need for these services known to the recreation board and its funding bodies. They must also request a budget adjustment to include these services. "The old adage that X amount of dollars versus X amount of people cannot and must not be the criteria for special population programming" (Butcher, 1976).

Often rural communities do not have public recreation departments. If this is the case and other groups are providing recreational services (i.e., churches, schools, community groups), these programs need to be expanded to include special populations. If the community has other programs or groups providing services to the disabled, often these programs can be extended to include recreation.

Striving for the maximum utilization of already existing community resources is of paramount importance. Program consultation and leadership may be provided by agencies in the community familiar with the needs of the disabled (i.e., social service agencies, mental health centers, Easter Seals, etc.).

Community volunteers can be an integral part of a therapeutic recreation program. If an agency that functions as a volunteer coordinator for the community is available, it will probably be willing to do most of the volunteer organization. If not, a structure for coordinating volunteers should be established. The National Center for Voluntary Action can provide materials on how this can be done (NCVA, 1785 Massachusetts Avenue, N.W., Washington, D.C. 20036). Never underestimate the valuable services that volunteers can provide. Not only can they give consultation and leadership to the program itself, but they may also work in the many other indirect service areas, such as fund raising, publicity, recordkeeping, and maintenance.

Each community is unique in its resources. Some other categories that can be explored are: local

groups organized to advocate for the handicapped, such as the Association for Retarded Citizens, and churches, civic organizations, youth clubs, fraternal organizations, high school clubs, and colleges and universities. Area 4-H Clubs and Scouts are good resources for programs and volunteers.

". . . Special facilities are generally not needed to increase recreation services and programs for the handicapped. Most existing recreation resources in the community can be used even for the most severely handicapped, with minor additional installations such as ramps, rails, hand-bars, etc." (Janet Pomery, 1974).

Several resources exist for materials on recreational programming for special populations. The Thereapeutic Recreation Journal is published quarterly by the National Therapeutic Recreation Society (a branch of the National Recreation and Park Association, 1601 North Kent Street, Arlington, VA 22209). The National Association for Retarded Citizens has published a Recreation Handbook for State and Local Unit Recreation Committees. This handbook outlines ways and means recreation programming can be established in localities (usually defined as counties) and lists program and funding resources and ideas.

Recreation is one of the service areas covered by the federal Developmental Disabilities Act. This act has funded several therapeutic recreation projects, such as the one in West Virginia that was mentioned previously. This particular model program is being designed for use in rural communities with a minimum of professional personnel, emphasizing the use of paraprofessionals within the community. This program will be available to rural communities in the near future. Finally, it is important to note that regular recreation programming, as with facilities, can be adapted for use with special populations.

Since transportation of the participants is vitally important to the success of the program, this potential problem area must be addressed early in the planning stages. It should be kept in mind that often the disabled are unable to make use of the public transportation system. There are no set answers to the problem of transportation. However, communities around the nation have found some answers in a variety of ways. Examples are: utilizing public school transportation, carpools of parents, volunteer drivers, church and settlement house buses, federal and state grants to purchase vehicles, donations, etc. Again, it is important to examine the resources your community has to come up with a solution to suit your particular needs.

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THE MEDICAL ASPECTS OF SPORT ACTIVITY

Dr. K. Douglas Bowers, Jr., clinical associate professor in orthopedic surgery, Morgantown, West Virginia, recently presented the following six criteria for a good sports program (Bowers, K.D., Jr., 1976):

(1) Medical supervision is essential. All youngsters involved in contact sports should have a mandatory physical examination with special attention paid to examination of the eyes, heart, abdominal organs, joints, blood clotting mechanisms and nerve network. Dr. Bowers further stated that after the first (ever) concussion, a person should not participate in sports for one week; after the second concussion, no participation for one year; after the third concussion in a lifetime, one should never again participate in contact sports.

(2) Every sports program should have adequate facilities and equipment meeting safety standards and fitting properly.

(3) Coaches should have proper skills and techniques to deal with the various age groups.

(4) Conditioning should be year-round: preseason and off-season. Attention should be given to speed, endurance, agility, and coordination. Dr. Bowers stated that weight **training** was suitable for adolescents, but competitive weight **lifting** should be banned.

(5) Practice, of course, is essential to every sport.

(6) Competition should be with those of comparable size, weight, experience, and among those of the same sex. Not all participants at the conference agreed with "the same sex" criterion. Above all, the **child** should enjoy what he is doing.

Many youngsters suffer bone and joint problems in the knees. Most of these heal under medical supervision while activities, especially jumping, are curtailed. The child would still be able to swim, as such an activity would not damage the knees.

Elbow injuries are most serious to the growing child. Baseball pitching is the most severe. Little League rules are now very strict about the number of innings a child may pitch in official games. Abuse of these rules occurs when parents permit or coerce the child to keep practicing in the family backyard.

Another abuse of children in the sports world is being cited by the American College of Sports Medicine (1976). The college has recently issued new guidelines prohibiting the use of rubber suits, steam rooms, hot boxes, laxatives, and diuretics by high school and college wrestlers for weight-reducing purposes. Their position statement states that "the physiological consequences of 'making weight' are associated with reduction in muscular endurance," impaired body temperature regulation, lower blood volumes, and increased stress on heart and kidneys.

This section is written by: Marilyn Jarvis-Eckert, MD.

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child care

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OVERVIEW OF CHILD CARE

For the purpose of this section, child care will be understood to mean any care adults provide to children who are not their own children or legal wards. The care may be custodial but should involve attention to and understanding of the needs and development of children.

In rural areas, the informal services network provides many child care services on a daily basis through extended families and neighbors. These services are provided within the communities prevailing norms. The failure of professionals and agencies to recognize the importance of working with these natural systems is a continuing problem resulting from efforts to develop child care on an urban model, i.e., day care for working mothers in large centers operated by trained personnel. Adequate standards for health and safety are practically impossible for day care programs in rural areas to meet, and if they could meet them, these centers would not be attractive or meet the standards of many rural families who prefer not to leave their children with strangers or systems that are strange to them.

Foster Care

It is not unusual for a child to find his or her own foster care – to select an aunt or uncle or neighbor with whom he or she would like to live – or for a parent to place a child with a foster family; this should not be called abandonment when arrangements are carefully made. When this happens, the agency responsible needs to recognize the significance of choice and whenever possible provide resources such as money payments, training, etc. All too often, because the urban models are developed for areas where there is no viable extended family, the workers have been trained not to recognize or support such placements.

Natural Centers for Rural Child Care

Day Care

In most rural communities, there are natural places where parents and children can be found during the day or evening. They may not be called child care centers, but they are so much a part of the community that parents and children feel comfortable (safe) there. These include such places as neighborhood or settlement houses, churches, or schools. Few of these can or would be able to meet federal or state standards for day care programs. Still, they function as multi-purpose programs where adults and children do come to learn and to do things for education and recreation.

If community professionals and agencies would support these natural systems, the result could be the development of rural models for child care programs better suited to the needs of rural people.

Family Day Care

Family day care has always existed as the primary form of child care in rural areas. Until recently, federal and state policies did not permit public payment for these services. Now this is possible, but professionals and agencies need to recognize that it is more than a program to permit mothers to work or to provide employment. They need to see family day care as a supportive service for children or parents and act appropriately to strengthen and support this resource.

Child Care Education

Our society until very recently assumed that teaching child care was a family responsibility. It is clear that change is needed, because most children are not harmed (abused or neglected) deliberately.

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Instead, abuse and neglect generally result from ignorance of children's growth and developmental needs, and of ways to deal with the stresses of child care. Education for parenting begins in the child's home. The school system needs to begin helping children prepare for parenting from the first grade on. It may start at the primary level helping children learn nurturing roles.

Because the school system is trusted with children, parents are likely to trust educators to teach parenting if they know what will be said in the classroom. This also provides a most exciting opportunity to involve parents in examining their own child-rearing practices. Because child-rearing should involve areas such as physical and emotional health, social, psychological, sexual, religious, and ethical needs, the teacher and parents will need consultation from a variety of disciplines in determining what and how the information should be given in the classroom.

This requires that schools see their role in preparing children for child caring roles by providing educationally supervised child care experiences as part of the curriculum. In rural areas, this can be a part of adult education programs for child care. For example, all school systems now have early childhood education programs. The "lab" experience could simply be the bringing of preschool children and parents into the classroom on a planned basis. One experience which has come to our attention involved juniors and seniors in an advanced home economics class who planned and provided nursery school experience to 15 children for two semesters, with the assistance of the teacher and parents. This is one example of possible ways educators and parents could work together to give priority to child care education for children and youth.

In rural areas, schools are viewed as places for all kinds of activities for children and adults. The ACCR project found many, many adults wanting information they could use in rearing their children. The "community school concept" (page 135) is a natural and important resource for adult education on child-rearing in rural areas, as it can provide a facility a variety of adult educators, and recreation programs for the children while parents are learning.

DAY CARE CENTERS IN RURAL AREAS AND CHILD ABUSE

History of Formal Day Care Services

Day care centers were created in the depression of the 1930's to provide jobs. When Congress during the late 1930's earmarked $6 million for day care sponsored by the Works Projects Administration, the preoccupation was with providing work for unemployed teachers, custodians, cooks, and nurses. World War II made the Works Projects Administration unnecessary, and the care centers it supported disappeared.

The Lanham Act of 1940 authorized federal expenditures for operation and maintenance of hospitals, schools, and child care centers built to meet the needs of workers in defense facilities. Legislative intent was clear all along; it never extended to federal sponsorship of child care outside the defense emergency framework. Although more than 3,000 day care centers were sustained with $51 million of Lanham Act money, it was a win-the-war program, not a save-the-children program. Lanham Act funds ended on January 1, 1948. So far, federal support for child care had been accomplished only when tied explicitly to a national emergency – to provide jobs during the economic depression and to meet the needs created during wartime (Steiner, 1976).

Although the Korean War came only a few years after the termination of the Lanham Act support, renewed defense mobilization activity associated with the war led to no renewal of interest in child care as a national issue. Federal Security Agency administrator Oscar Ewing held that "such care is basically a local responsibility." In 1958, the first of a series of "cold war" day care bills was introduced to the Senate to provide day care for the children of working mothers.

In 1960, a National Conference on Day Care for Children was sponsored by the Women's Bureau and the Children's Bureau. Out of the 25 recommendations of the conference, one specifically called for an effort to obtain day care funds from local, state, and federal sources. First signs of high-level interest in publicly supported day care were forthcoming in a letter read at the National Conference from then-President-elect John Kennedy. Kennedy declared himself in favor of day care centers for children of working mothers and of parents who for one reason and another cannot provide adequate care during the day.

Research pursued in the 1950's and 1960's cast doubt on beliefs in genetically fixed intelligence by suggesting that outside influences may affect the rate of early development of human infants. Child care centers were more than a matter of material convenience or a technique for reducing welfare costs. Potentially, at least, they were investments in human development and could be instruments of social change.

Issues and Concerns of Day Care Providers*

Consequently, day care centers now have gained local, state, and federal support. Day care center is defined as any child care facility serving seven or more children for part of the day for three or more hours (taken from article on the difference between child abuse and neglect, Family Service Association). Day care facilities in most rural areas serve anywhere from the minimal seven children to as high as

*Views expressed during interviews with day care providers.

This section is written by: Marcella Lewis, graduate student, West Virginia University School of Social Work, Morgantown, WV.

60 children. Day care facilities are contexts in which abuse and neglect can be observed.

However, day care personnel and administrators feel that parents would not send a severely abused child to the facility, risking the possibility of detection and of being reported. Therefore, the day care facility may have a limited role to play in the detection of child abuse and neglect.

Although there is a risk involved on the part of the parent, there is often a greater risk involved for the day care center which reports a child abuse case. Many day care facilities in rural areas are concerned with the need for a clear, working definition of child abuse. Personnel in day care facilities, although concerned, are often hesitant in taking steps to report child abuse because of the ambiguity of the definition itself. They feel that a clearer working definition of child abuse and neglect is needed. Past experiences are also of grave concern to day care personnel. Experiences have been reported in which an individual of the facility reported to the proper authorities a child being abused. Although initial action was taken, there appeared to be no follow-through on removing the child from the home. The individual is then caught in the dilemma of whether he/she has made the situation worse for the child by reporting it to the proper authorities. It is easy to understand the reluctance involved in reporting child abuse.

Day care centers are also very much aware of the boundaries in which they operate. Often intervention in a suspected child abuse case is contingent on the center's legal liability. Parental consent poses another obstacle for the day care worker. If they approach the parents with the possibility that their child is in imminent danger in their household, they risk losing the child from their facility and losing all contacts with the parents.

Day care is certainly no exception to being caught in the many binds that catch all who suspect child abuse: the bind of being able to provide concrete evidence stating that there has in fact been an adverse act of commission or deliberate omission taken against a child by his/her guardian; the bind of answering the who, what, how, and when of the situation; the bind of the legalities involved and the obligations of the worker to the child; the bind of feeling the immediate need to remove the child from his/her environment and the inability to provide adequate evidence to do so. All sorts of binds are ever present not only to the day care worker but to any worker who is involved with offering social services to children.

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RURAL GROUP HOMES

Rural Youth

Institutional care has been our society's most prominent response to deviant behavior or dependency. However, rural America has made less use of institutions than have urban communities. Rural areas have traditionally preferred to use resources within their communities. This has been true for the youth as well as the aged and mentally ill.

Generally, rural youth have been expected to assume the responsibility of adulthood earlier than their urban counterparts, and this cultural norm has been slow to yield to the pressures of social change. Where once the youth in rural areas married or entered the work force earlier, they are now remaining in the homes of their parents longer. There, natural family stress coupled with the longer preparatory period of adolescents for adulthood often results in the family's rejection of its adolescent members. When alternative housing arrangements must be sought for the adolescent (outside of his/her own home), but when detention or a great deal of structure such as that of institutions is not indicated, then community based care outside of the home becomes the most natural response. Group home care can provide this alternative solution, and it is compatible with the well established norm of rural communities preferring community based care.

Group homes have been established to serve as an alternative to institutional care, primarily for the adolescent population. For many adolescents, foster care and/or institutional care (outside their community) have been the only available alternatives. Although these facilities are necessary community services, they are not designed to, nor do they pretend to, handle the broad range of problems of the nation's youth – major problems frequently result from institutional or foster care.

Institutional Care

When youth are placed in an institution that removes them from their natural environment and community, further deterioration of family relationships most often occurs. This may be due primarily to:

(1) The lack of interaction of the youth with their families, which is in itself destructive to enhancing a more constructive relationship between the family and the adolescent.

(2) When a youth is removed from the home and institutionalized, she/he is readily identified by the family and the community as "the" problem. It therefore becomes increasingly difficult to provide services that will enable the youth and the family to be reunited or, in the case where reunion is not desirable, where the youth and the family can develop a viable relationship.

(3) When the family identifies the youth as "the" problem, the subsequent removal and treatment of the "problem" becomes the solution. There is little understanding that a solution must involve both the youth and the family simultaneously.

Foster Home Care

When foster care is unsuccessful, the youth is considered to be "the" problem, and this concept becomes internalized by the adolescent and is destructive to his or her positive selfworth. Foster care is not appropriate for all adolescents in need of care. Many youth, having just experienced a traumatic family situation, cannot cope with the intimacy of a new family setting. The natural family may not be

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This section was written by: Doris M. Bean, MSW, Group Home Coordinator, Family Service Association, Morgantown, WV.

able to accept the foster family because of an inability to share the parent role. In these cases, many times the youth is placed in one foster home after another, a situation which continuously reinforces the youth's feeling of being unwanted.

The lack of available alternatives for this age group and the lack of adequate services are responsible for inappropriate placements. Foster homes and children's institutions are necessary to meet the needs of certain children, but additional forms of substitute care are necessary components to comprehensive child welfare services. Group home care is one of these components.

Group Home Definition

The Child Welfare League of America describes the group home as an agency-operated home "providing care for a small group of children in a family-type setting where the emphasis is on meeting the specialized needs of the adolescents or seriously disturbed youngsters for whom institutional care is contra-indicated" (Hirschbach, 1974).

Group homes are designed to serve the child who cannot remain in his/her own home but who will benefit more from placement in a group setting within the community than from a foster home or institutional placement. One of the primary differences between a group home and a foster family home is that the group home exists for the children, while the foster home exists for the foster family. The foster child therefore is always an outsider to a certain degree (Hirschbach, 1976).

Other advantages of group home care are, of course, its community location, with ready access to religious, school, and recreation resources. It can also obtain specialized services such as psychiatric counseling and vocational training. Institutional care, which is generally isolated from community life, usually cannot offer these resources and services. Group home care allows the child who, for various reasons, cannot cope with the intimacy of family living to have less intense but still personalized peer and adult-child relationships while also avoiding the depersonalization of a large institution.

The primary goal of group home care is to provide each adolescent with an individualized program that will enable him or her to work toward a solution of his or her problems while in a family-type setting. This "family" exists within ongoing community life that will allow the adolescent to return to a more permanent life in the community without the trauma of readjustment to community, school, and other community institutions. The group home is community-based and community-oriented; it is a part of the community it is situated in, and the children who are served by the group home are members of that community.

Group homes, like foster care and institutions, are not designed to care for all children. There are certain children who have proved to be able to benefit from group home placement. Ernest Hirschbach does an excellent job of describing these children:

(1) Children in need of removal from their own homes who have such close ties to their families that they or their parents are unable to accept or tolerate placement in a substitute family group.

(2) The opposite of the above – children who have had such devastating experiences either in their own or foster homes that they are unable to move into a family environment or relate to substitute parents.

(3) Adolescents who are emotionally moving away from dependence on parental figures and therefore can adjust better to the less intimate adult-child relationships of a group home.

(4) Children with such serious behavior deviations that ordinary foster homes cannot accept them and their problems. In considering the group home placement of such children, it must be kept in mind that group homes are part of the community and that severe deviation from community norms will not be

tolerated but will stigmatize and isolate the home and its residents (Hirschbach, 1974).

Group homes have also been established as gradual readjustment or halfway houses for youth discharged from institutions but who are not ready for family living, unwed mothers, and youth in need of a short-term placement for observation where a diagnosis and treatment plan can be developed.

Staffing

When staffing a group home, there are two traditional patterns:

(1) A husband-wife team, where the wife has full-time responsibility for the everyday functions and maintenance of the home, and the husband often has daily employment outside the home and participates in the life of the group home on evenings and weekends – a situation similar to the typical American family.

(2) A professional child care team. These adults may be unrelated to each other and usually have a degree in social work and experience in child welfare. The team will share the responsibility for operating the home, with supervision provided by the agency.

It is important that regardless of the pattern used in staffing the group home, certain qualities be present in the child care personnel:

(1) The ability to give affection, care, and warmth even when it may be returned with hostility or suspicion.

(2) The ability to tolerate a wide range of behavior, including aggression as well as demands for exorbitant attention.

(3) The ability to give of themselves emotionally and mentally without demanding a warm response from the children.

(4) The ability to share and consult with professional staff in describing and evaluating behavior, in designing an overall plan for the child, and in supporting the efforts of the other staff.

(5) The ability to work as a team. Many of the youth in the group home will need specialized services, such as health services, psychological testing, tutoring, etc. It is imperative that group home staff work along with other professionals in order to meet the special needs of the youth in their care.

Another important consideration when staffing a group home is relief staff. It is necessary that the full-time staff have ample scheduled time off. There should also be time made available for continued education beyond staff training. It is important that full-time group home staff do not begin to feel isolated or that they are not receiving the necessary support by the sponsoring agency. Full-time child care with problem adolescents is an intense, highly demanding responsibility.

Licensing for Group Homes

Many states have licensing procedures for group homes which are different from these used for other child care institutions. Whether this is true or not in a particular state, there are usually three primary agencies involved in issuing a license: the Deaprtment of Welfare, the Fire Marshal's Office, and the Department of Health.

Procedures to Establish a Group Home in West Virginia

Contact the state Department of Welfare, and ask for a copy of the licensing requirements for group homes.

A licensing supervisor should be able to assist you in: (1) explaining the requirements and procedures,

and responding to questions; (2) evaluating the proposed building and grounds, which usually involves an on-site evaluation; (3) supplying an application and help with its completion. The licensing supervisor will assist from the planning through implementation and will make recommendations to the state Licensing Board concerning the group home.

Contact the state fire marshal. Request an inspection of the proposed facility. The fire inspection will provide:

(1) A report of specified requirements to be met prior to operation of the group home.

(2) Periodic monitoring and evaluation of the group home's compliance with state fire safety codes and regulations.

(3) A report to the state Licensing Board and recommendations concerning the group home.

The state Department of Health is concerned with two areas of licensing: sanitation and nutrition.

Sanitation

Contact the local/county sanitarian. If none is available, contact the state Health Department, Division of Sanitary Engineering, for inspection. The Division of Sanitary Engineering will report and make recommendations to the state Licensing Board concerning the group home.

Nutrition

Contact the state nutritionist for assistance in menu planning for the group home. An area nutitionist will provide ongoing consultation to the group home. The state nutritionist will monitor and assess menus, meals, and snacks, making recommendations concerning the group home to the state Licensing Board.

Issues in Operating a Group Home

In the actual operation of a group home, certain considerations are important to keep in mind:

(1) **Integrating the group home into the community.** This is a vital area of concern. If community based care is to work, the residence must be able to become part of that community. The beginning of ensuring this will be in selecting a building for your group home. The group home should not stand out as blatantly different from surrounding community residents, but should be basically of the same structure and quality. The youth in the group home should be dressed in a way similar to other community youth. The use of community schools, churches, and recreational centers will also enhance the acceptance of the group home residents.

(2) **Community relations.** Just as the residents must feel comfortable functioning within the community, so also must the community feel at ease about the presence of the group home. The above mentioned considerations will assist in providing the acceptance necessary for the success of the group home, but the group home staff must also be willing to listen and understand the concern and apprehension that may initially be present. The group home staff will additionally have to be willing to interpret group home care to the community.

(3) **School relationships** is another necessity if the group home is going to be successful. The group home must be sure that the school system has enough information so that they will understand the problems of these youth which may be reflected in the school. Many of the youth who need group home care will also have already experienced failure in the school system. It will be important for group home

staff and school personel to work closely together so that the youth in the group home will have every chance of academic success.

References

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RURAL INSTITUTIONS

"There are far more American children mistreated in institutions than suffer injury or neglect at home" (Chase, 1975). Those children in detention centers, training schools, and institutions for the mentally retarded are for all intents and purposes being abused simply by being where they are. In far too many instances, the institution is merely a storehouse – a means of removing these "different" or "bad" children from society.

The children placed in these institutions are seldom taught any meaningful skills. Usually they perform maintenance duties of the institution and little else. This is gross neglect of their educational preparation for adulthood. "The emphasis in most institutions for putaways is not on helping children but on making them adjust to the institution while giving as little trouble as possible. If they conform they'll be labeled improved. If they don't they'll be punished" (Chase, 1975).

In the vast majority of institutions for children, corporal punishment is fairly common. In particular, it is frequently used on runaways. An official in one jail compared the treatment of runaway juveniles to that of runaway slaves in the eighteenth and nineteenth centuries. In detention centers and training schools, inmates are sometimes flogged, put in solitary confinement, and refused medical services.

Many cases of such abuse have been documented by Larry Cole in "Our Children's Keepers," where he describes a "school for girls" where children who caused trouble (which included running away) were locked in solitary, sometimes for as long as 80 days. Girls were frequently handcuffed, their feet tied to their hands, and left face down on a bed in solitary for days. In Louisiana, Cole saw children in a state training school beaten with hose pipes, put in dungeons, and refused medical care.

Most institutions for children are inadquately staffed, in many cases by sadistic, perverted individuals who care nothing about the children. In most instances, there are no planned activities for children, and on occasion they may be homosexually attacked by other children or by employees of the institution. In institutions for putaways, visiting privileges with families are sometimes severely limited. In some institutions, children may be allowed only one two- or three-hour visit per month. If they misbehave, the visitation is usually taken away (Chase, 1975).

The majority of the exposes and investigations concerning the inhumane treatment of children have taken place at large facilities serving metropolitan areas. But what about children in rural areas? What happens to them?

Juvenile Facilities

In most rural areas of the country, there are no separate facilities for juveniles. For example, consider the case of a 15-year-old boy who has run away from home because he was being physically abused by his father. In many parts of rural America he could, and probably would, be picked up and placed in the county jail. While there, he may be exposed to a real criminal element, subject to physical abuse, homosexual attack, and in some cases murder.

The state of West Virginia has 55 counties, of which 48 do not have separate facilities for children waiting for a hearing or for transportation to a correctional facility. Due to the lack of detention facilities for children, it is estimated that well over 2,400 children were jailed in West Virginia in 1973

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for such harmless offenses as truancy, running away, and curfew violation. In the past several years, at least two boys committed suicide while in jail (League of Women Voters).

Every state has "training" or "industrial" schools for children which are institutions for children who commit offenses against society, even though at times those offenses may be nothing more serious than truancy or running away. The tragedy of the state schools for juveniles is that for the most part they are inadequately staffed, and their main function is merely to confine children for a length of time, sometimes until they are legally adults.

In some largely rural areas, such as West Virginia, 16- and 17-year-old males are transferred to the state penitentiary. In West Virginia, a special committee recommended that juveniles be segregated from adult inmates (League of Women Voters), but one has to question the quality of rehabilitiation a 16-year-old will receive in a state pententiary.

Generally, in rural areas, mental health facilities provide very limited treatment for children. In fact, there is such a lack of specialized treatment facilities that children are frequently dumped into a state mental hospital. There, due to a lack of qualified personnel, they receive no treatment but are usually medicated and may just sit and rock all day. There are many examples of state hospitals being used as storehouses for children considered by communities to be deviants.

Consider the case of a black child who was accused of exposing himself to a white girl. The youth, at nine years of age, was placed in the state boys' industrial school. At age 16, he was transferred to the state mental hospital, where he remained until he was 30 years old. During more than 20 years of institutionalization, he received no treatment nor any education. He was released when the policy to return people to the community was implemented. He has to be readmitted frequently, because he has been taught no skills for living in today's society, and the community cannot tolerate his inability to cope.

Generally, in rural areas, the county sheriff is the chief law enforcement agent. In most instances, he has neither training nor resources for dealing with the problems of youth. He will usually not want to pick up a child, but if a child is picked up for an offense, he will probably have to be placed in the county jail. Most rural county jails are filthy, antiquated facilities run by sheriffs who have no training in jail administration and who are expected to spend as little tax money as possible. Some are expected to pay the cost of the jail themselves.

If a child has a hearing, it will probably be conducted before a judge who is expected to handle all civil and criminal cases. He has no special preparation or support services, and his response to juvenile offenders is to lecture them and send them home (Schultz, 1970). If the child cannot be returned to his home, the judge may have no alterantive but to sentence the child to a state institution. When the child is released from the institution, there generally are no after-care programs, so chances are that the child will be placed back in the situation which precipitated the problem originally.

In rural America, institutional abuse does not just apply to children being mistreated in institutions but to the wrongful institutionalization of children – children being put away in whatever is available because proper facilities or resources do not exist. The effect of wrongful institutionalization of children has been displayed far too many times in the past, for example, Lee Harvey Oswald, Charles Manson, and Charles Whitman, to name just a few. Until our society is willing to reassess priorities, there is no reason to believe that we will not continue to suffer for our indifference.

West Virginia, which is the sixth richest state in natural resources, ranks forty-fifth or forty-sixth in terms of the amount of money spent on services for people. More government priority needs to be given to the development of human resources (Schultz, 1970).

Although it would be impossible to have facilities for children in all rural areas, perhaps regional

centers could be developed. However, even before this could be done, it is important to develop a range of alternative programs in answer to the many different problems of children, Prevention of institutionalization must be the primary goal.

Citizen Responsibility

Prevention of institutionalization will require adequate services for children, which will not occur until the people of a community or an area accept responsibility for demanding adequate local services and resources to ensure the safety and protection of their children. In the ACCR project, this is the particular purpose for organizing community self-help groups.

Institutions existing outside the control of the local community require another level of citizen self-help action. This requires developing coalitions involving groups with statewide networks such as the League of Women Voters, councils of churches, state welfare conferences, professional associations such as ABA, AMA, NASW, etc., to develop political pressure on lawmakers and government officials to change governmental and institutional policies which cause abuse and neglect of children. This will need to be a well organized child advocacy lobby with leadership willing to continually remain vigilant.

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self-help groups

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FOSTER PARENTING

Rural Background

Traditionally, rural families have attempted to raise their children without the assistance of social service systems (i.e. Department of Welfare) by placing children with relations, neighbors, or other persons or families. When this was not possible or desirable, they tended to use such social services as correctional institutions, mental institutions, etc. The reasons for placing children outside their natural homes remain the death of a parent or parents, intra-family conflict, abuse and/or neglect, abandonment, too many children for one family to support, or no desire to be parents.

Although these methods of alternative care for children have been used for many years in rural areas, in many instances they have not been successful. Reasons why problems were not resolved or even dealt with are many: lack of resources and/or no knowledge of resources; lack of education and training in foster parenting; lack of involvement with social services, and lack of financial support, to name a few.

History of Foster Parent Organization

The first ideas for a national foster parent organization were conceived in different areas of the nation in 1969-1970. The Christopher Street Society, an organization of foster parents in eight Detroit public and voluntary social agencies, organized to identify and work on ways of helping foster children receive better services. At the same time, a National Foster Parents League of America was begun in Mississippi for the purpose of strengthening the legal rights and status of foster parents. In New York, the National Federation of Foster Families, Inc. developed, and it also sought to improve foster parents' rights. None of these groups had contact with the others, but each reflected the growing concerns that were developing in foster parent associations which needed attention beyond the local level to remedy (The National Foster Parent Association, 1974).

Tremendous energies were expended, and frustrations experienced, throughout the evolution from an idea for a national foster parents organization to one with a membership of approximately 3,000 foster families. At the business sessions of the Second National Foster Parent Conferance in Denver on May 9, 1972, the constitution and bylaws for the creation of a national foster parents association were ratified (The National Foster Parent Association, 1974). This organization was a long overdue step in the right direction concerning the needs and rights of foster children, but its focus was primarily urban. It has only been since then that attempts have been made to organize foster parents in West Virginia.

The existing child welfare network of services finds it easier to provide substitute care rather than supplemental or supportive care to children. The task of rehabilitating families is an even more complex problem with which few seriously attempt to deal. Therefore, it seems reasonable to say that our ineffective child welfare system is partially to blame for the increase each year of children in foster care.

Foster parents come from all socioeconomic backgrounds, but a basic and essential need possessed by them all **should** be the desire and dedication to nurture, care, and love those children in their homes who have been removed from their natural parents, for whatever reason. They should be able

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This section is written by: Sharon Dennison-Weimer, Social Worker, Family Service Association, Morgantown, WV.

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to provide loving and corrective family living experiences for such children in order that they may reach their potential for growth, development, and satisfying living.

Education and Training

Most foster parents lack adequate training and preparation for being foster parents, with consequent predictable problems developing as a result. Foster parents, either with or without the support of child care workers, other professionals, and concerned persons, should insist that the agency responsible for placing children in substitute care enviornments take responsibility for training present and potential foster parents. They need to be informed of the various services that are available to meet the foster children's needs, as well as being aware of current issues, policies, and legislative matters related to foster care. Groups (i.e., foster parent associations) have quicker and more effective results in gaining needed information and services as opposed to single families or individuals.

Foster parents should request the name of their social worker and also frequent home visitations by that worker. Involvement between worker and family is essential for the welfare of the child. After all, both parties should be equally concerned about what happens with the child. The relationship between worker and foster parents should be one in which the foster parent feels comfortable and utilizes the worker in noncrisis situations. Foster parents who have had training in the area of the uniqueness of foster parenting could then help train new and prospective foster parents and relieve the social workers with heavy caseloads. This would also increase the foster parent's feeling of usefulness and contribution to the welfare of children.

Foster Parent Legal Status

The legal status of foster parents is changing. This is a recognition that is long overdue and demonstrates the effectiveness of organized foster parent organizations when they concentrate on certain cause or issues. The Model State Subsidized Adoption Act (Sanford N. Katz, 1976), is a true plus for foster parents. If found suitable, the foster parent will have preference in adopting the foster child. In addition, it would provide a subsidy to the foster child who has been in placement for several years, and would allow more foster parents to adopt who otherwise would not be able to financially.

The proposed Model Act for Freeing Children for Permanent Placement (Sanford Katz, 1976) is also pending, and it gives significant recognition to the foster parent. Since the foster parent is quite often in the best position to know the child, the frequency and quality of parent-child contacts, and the support of child welfare agencies in efforts on behalf of the child, it would allow the foster parents to petition to the court for terminating the parental rights when it is evident that the child's needs are not being met by the natural parents.

ACCR Organization of Foster Parents

Initially, foster parents and various agency workers (Department of Welfare, Family Service Association, Children's Home Society) convened and began discussing a foster parent organization dealing with the needs and rights of foster children and foster parents. At first, the participants were somewhat unsure of their participation and of what their involvement might mean.

Foster parents were apprehensive and reluctant to voice their opinions or raise questions around concerns of issues they had, for fear of losing the children placed in their home. Foster parents also were uncertain about what kinds of information or assistance they needed. They were afraid to talk about their problems in the presence of the child welfare social workers.

Foster care workers were present at the meetings and appeared initially to be fearful about what the group might do. They appeared distrustful about other agencies' involvement and purpose for encouraging a foster parent organization. This is a problem that can be anticipated to occur in organizing foster parents. Initially there appears to be a conflict of interest between foster care workers and foster parents.

The foster parents initially involved requested a list of names of foster parents in the county from the child welfare workers. They then contacted all foster parents by letter and telephone and encouraged their participation. The meetings continued, and more foster parents became interested and involved. More issues and problems surfaced in discussions once they realized they all were experiencing similar problems and concerns and were in need of help. The foster care workers began supplying more and more information to the organization in problem areas where the Department of Welfare could be helpful. The foster parents found that an organized group effort to deal with problems was more successful than trying to cope individually, and the foster care workers found it could make their job easier.

The apprehension and reluctance by foster parents and social workers to become involved at the outset emphasized the need for better training and preparation for both the foster parents and the foster care workers. After all, isn't the goal for both the same – that is, to provide children a healthy, nurturing atmosphere when they must be placed outside their natural home?

Some issues and concerns that the local foster parent organization has addressed itself to are: lack of adequate number of textbooks in some of the public schools; drug abuse; child abuse; how to develop channels of communication with agencies serving their foster children; methods to develop closer relationships with children; and concern about the image of the community toward foster children and foster parents, to mention a few. They have had resource people in from various service systems in the area to speak before their group, and they have had social functions that involved foster parents and foster children in family-type activities such as an ice cream social.

Only as both foster parents and workers better understand the objectives of foster family services and develop the skills to accomplish them will children receive the kind of services foster family care was designed to offer.

Where to Get Information

For more information about foster parent organizations or how to begin organizing one in your area, contact:

National Action for Foster Children
6416 Copps Avenue
Madison, WI 53716

or contact your state or local Department of Welfare.

References

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COMMUNITY COMMITTEES

This section will deal with one type of self-help group developed by ACCR, community committees. As discussed in Section III, ACCR developed this mechanism because of the need for citizens to be involved in the treatment and prevention of child abuse and neglect in the community. Citizens will use these committees to request the formal services network (professionals and agencies/institutions) to conduct community educational programs.

In order for self-help groups to be effective, formal systems must be:

(1) Available to these groups when they meet, which is usually after standard working hours.
(2) Prepared to listen to problems which these citizens identify.
(3) Willing to let these citizens be involved in program planning.
(4) Willing to offer their professional skills and their agency's resources.

Cooperative work such as this is a process. Professionals involved with these groups must give citizens freedom to identify and define their needs. These citizen groups can then facilitate access to the community for social agencies seeking it.

The first three papers in this section stress problems encountered by rural people. Each of these papers was written by rural people living in Monongalia County. The first one was written by a group of parents, the second by a young couple, and the third by a teenager. Each of these stress a common point – that people felt alienated from the larger community institutions because they lived in outlying rural areas.

Just recently, both groups that were concerned about busing received bus transportation for their children. This was accomplished by the project providing technical assistance. ACCR helped these groups to organize their data to support their need, to develop recommendations based on their needs, and to become connected with the appropriate officals who had power to act on these recommendations.

The fourth piece is written by a community person on one of the community committees. This paper stresses the importance of these rural citizens being involved with problem identification and resolution. It also identifies the need that groups such as these have for technical assistance from a variety of systems in the formal services network.

Rural Problems

An example of the "abuse committed or tolerated by society" (Gil, 1973) that is, by West Virginia state law, school districts need not provide bus transportation for children living less than two miles off a hard-surface road. This primarily affects children of less affluent, often quite poor, families, If they have a car or truck it may be undependable, and gas is expensive. The dilemma of these parents is often between making children walk to school bus stops in unsafe conditions or protecting their children by keeping them home, thus neglecting their education and setting the pattern for truancy. In either case, the parent may become guilty of abuse and neglect, and the "authorities" may decide to petition the courts.

In the course of the project, letters were sent to a number of other states. The nature of the responses led us to conclude that most states have similar laws and are not concerned by this obvious social inequality.

Example I

We, the citizens of Booth, would like to know why our elementary and junior high school students have to walk to school when there are at least three school buses that pass through our community every

day while school is in session. We would like to know why our high school students have to walk to the Waitman Barbe School to catch their bus to school. For years, the school bus used to stop at the Booth Methodist Church to pick up our children, and this practice was discontinued.

We believe that the county has an obligation to provide a safe way for our children to go and return from school. We cite the following as serious problems to the health and welfare of our children:

(1) Motorists are permitted to speed through our community without regard for anyone's safety.

(2) The County has never provided a suitable place for our children to even walk to school, yet we are told we live too close to the school to provide county buses to take our children to school.

(3) The county has never provided any type of warning lights to caution motorists that our children are walking along the roads to school.

(4) When the roads are icy, the vehicles have a tendency to slide in the direction toward our walking children.

In summary, we believe that the safety and welfare of our children is definitely in danger because county administrators have failed to provide us with the same services they normally provide in the more populated areas. We ask you whether you would want your children going to and from school under these conditions.

This section is written by: Parents of Booth Community, Booth, WV.

Example II

As citizens of Monongalia County, we feel we have the right to speak out about the busing situation in the Mountain Heights area.

My wife has to get up every morning there is school and dress three kids: a small newborn, a four-year-old, and a seven-year-old who goes to Summers School. She has to upset the entire household just to transport the seven-year-old to school. Then the process is repeated when school is out at 3:00 in the afternoon.

Next fall, it will be four trips – one for the four-year-old who starts kindergarten and one for the seven-year-old who goes to a different school. One school is three miles up the road; the other school is two miles the other way. We need a bus in the worst way. We pay our taxes and do our duty as citizens in the community, yet we cannot get the bus we so desperately need.

We do not have the right to withhold an education from our children, but if we cannot get a bus, they will not go to school. The school system does not have the right to deny us a bus, as we pay for an education for our children. So we are praying something can be done.

It is one mile from our house to the road that the school bus runs on. You would not want a seven-year-old dragging his little brother back and forth if the situation were yours. The times of today are much more advanced than they were years ago. We are hoping something can be done for our sake as well as for the kids.

This section is written by: Joyce and Albert Hawkins, citizens; members of the Deckers Creek "Action" Committee, Mountain Heights, WV.

Example III
High School – Our Happiest Days?

Question: is there a large adjustment made when students from outlying schools enter Morgantown High School?

Answer: no, there is very little adjustment, because students from outlying schools are excluded from extracurricular activities.

Question: were students prepared for high school life?

Answer: in junior high, we were told that our high school years would be some of our happiest years in our school career, but in fact they were miserable. How can three years of being an outcast be happy? If you did not come from Morgantown Junior High, you were defined as a "hick from the sticks." Being from an outlying school excluded girls from being cheerleaders, majorettes, candidates, for student government offices, and Homecoming and May Day queens. It also excluded boys from sports activities such as football and basketball. Does happiness mean being able to make friends and being included in activities, or does happiness mean being content when you are put in your place?

Question: are academic levels different in the outlying schools? Is it hard to adjust to the level of Morgantown High School?

Answer: sometimes the academic levels were lower and sometimes higher. Many times members of the faculty made you feel inferior, and sometimes the students from outlying schools made faculty members feel inferior. What I am saying is that the levels in the junior highs should be higher and the high school levels lower; then students could meet on equal academic terms. Equality would make these years some of our happiest years.

This section is written by Sheri Fortney, citizen, Booth, WV.

COMMUNITY COMMITTEES
AS VIEWED BY THE CITIZENS

Deckers Creek

Until February, 1976, child abuse and neglect were just terms used by social service agencies. Thanks to Deckers Creek ACTION, those terms now have meaning in our community.

What is Deckers Creek ACTION? It is a group of concerned residents from the Deckers Creek area who started out as a child abuse and neglect committee. Fearing that our name would turn others off, as it did us, we decided to change it. After many good suggestions, we finally decided on Deckers Creek Area Citizens To Improve Our Neighborhood, or Deckers Creek ACTION.

Deckers Creek ACTION is made up of a variety of people. We have housewives, husband-and-wife teams, schoolteachers, a minister, a volunteer teacher's aide, a secretary who also is involved with community youth groups, and, of course, our guide – the helping hand of Family Service. Family Service, along with two members of our community, initiated the idea, and from that we have kept growing. The only requirement for membership is an interest in our community and a concern for our children. Most of our members either work in our community or have young children growing up here.

We started out by defining what the state feels child abuse and neglect are and then got down to what we felt. From many discussions, we came to the decision that child abuse and neglect are more than beating or ignoring a child. In our rural area, inferior education and educational facilities, school busing, and inadequate health care were a few of the things we felt were also forms of child abuse and neglect.

Health care for the elderly seemed to be a major concern in our area, so we started working toward that goal. Nurse Jackie Stemple came to our aid. She is now a visiting nurse practitioner in our community. She makes rounds weekly, going into the homes of our rurally populated community. She provides such services as routine health checks, physicals, and when the need is apparent, recommends that the patients see their doctors. There have been many glowing reports on Mrs. Stemple. Everyone feels very strongly about keeping this project in our community, and we would like to expand on our health needs.

Another concern brought up was the need for a school bus on one of our secondary roads. The residents in need of the busing had been trying unsuccessfully for some time. Family Service assisted us by putting us in touch with some people who had obtained a bus, so we could benefit from their experience. They also made suggestions as to whom to send copies of our letter requesting the bus service. Through our work we did obtain the much-needed bus.

A few of our members had become dropouts, missing many of our meetings. When contacted, they expressed their desire to continue whenever possible. Hectic schedules and illness were their reasons for being absent. Lack of continuing interest was not the reason.

Our meetings do not always go smoothly. What concerns some of the group does not always apply to the entire group. We feel that getting a group of interested citizens together, trying to work on our problems, and learning how to work some of them out by ourselves as a group is justification for continuing.

One of our major problems as a group is the fast turnover of members of Family Service. In our year as a group, we have lost two workers due to funding cutoffs. A third member left us to get married.

This section is written by: Bonnie Snyder, citizen; member of Deckers Creek "Action" Committee, Mountain Heights, WV.

Most recently we lost our fourth member due to lack of funding again. We finally get used to and comfortable with a member; then she is replaced. We would like to see Family Service give this matter some consideration, as it is becoming a problem with the group. Family Service is very important to the group. Their workers act as guides, help us organize, and are a mainstay for us. We would really like to keep our next worker for a while.

When we start meeting again, we would like to reorganize and pay closer attention to following through on our projects.

To help publicize our group, we set up an information booth for three days during Deckers Creek Valley Days (a community fair). We passed out information on our group and also pamphlets of interest to the community. As one of our members said, "As long as you're doing something, it's a step in the right direction."

Some of the ideas and projects we would like to discuss when we start up again are:

(1) The need in our community for a class in parenting – for both parents. This could cover problems parents have as well as being a sounding board for them.

(2) We have a need for better police service. Being a rural community, the presence of the police is not felt as much as it should and could be.

(3) We would like to see a centrally located library set up for our community. We have a public bus service which serves us only three days per week, which limits our children's use of the city library.

Our final and most important goal is to continue to listen to everyone and to follow through on our ideas.

Our basic weakness is our expectation that we will accomplish a great deal. But given time and continued interest, we hope to accomplish more.

Booth

Southwestern Booth is another community that got together with Family Service last spring to better their community. Their main concern was a lack of any type of recreation for their children and no constructive activity for the youth. They would like to initiate some type of activity that would include both the parent and the child.

In the entire community of Booth, the only organized recreation is a basketball team one of the neighbors started. Last summer, southwestern Booth contacted the Recreation Commission and talked them into opening a playground. The playground was opened during the miners' vacation and was closed down after three short weeks. Since the community is made up almost entirely of coal miners and their families, they feel that they were not given enough time to make a "go" of the playground.

Southwestern Booth is looking forward to starting up again as soon as possible. They have been very fortunate in having Thelma Ford, from Family Service, remain with them the entire time. Southwestern Booth has received support from the community and would like to get more area residents involved.

The biggest obstacle they have faced is finding a place to meet. They have no community building and in the past have had to rely on the meetings taking place in individuals' homes, a local school, and the fire department. None of these has really proved satisfactory.

They have also expressed the opinion that they need more members so that they can get more varied opinions to enable them, as a group, to determine what their main needs are.

Clay-Battelle

Clay-Battelle Community Committee is still another group that was formed with the aid of Family Services. Clay-Battelle got off to a really good start. The members were enthusiastic and offered a great deal of support.

The main concern in their area is the growth in drug problems. The committee got the school principal, teachers, and parents together and held discussions on the community's drug problems. The meetings were held at the schoolhouse, and they attempted to provide the parents with an insight into the problem. The committee felt that it made a step forward by making the community aware of the problem.

At this point in time, the committee feels that it needs to get together and see if there is enough interest remaining to continue with the group. The members were somewhat disillusioned by the abrupt ending of their meetings and expressed the desire to have had a final meeting to find out why they were disbanding.

Summary

Every community is different. No matter where you live or what your income is, you will always be faced with a need for improvement. As individuals, we are responsible for our own homes and property, our living standards, and the way we would like to live as a family. You cannot think of any of these things without carrying that thought one step further and including your neighborhood and community. Our children, our home lives, and our very being are influenced by our surroundings.

I feel that there is a great need and an even greater desire for community action groups. Every community has its own special needs. These needs are determined by many things: income, location, development already in the community, educational facilities available; the list is virtually endless.

A community needs a group consisting of an equal number of members in it that cover all of the income brackets. They need the young couple just starting out, through to the retired couple struggling on social security. The affluent family with a swimming pool will not see the need for a community pool, nor will the family with two cars see the need for better housing. In one community, there are schoolchildren walking on a narrow highway with no walkway and, even worse, no guardrails between them and heavy traffic. Localized groups, meeting on a regular basis, can and do make these needs known.

I am becoming increasingly aware of the fact that these groups cannot be formed efficiently in a few short months. We need time for the news of the groups to get around, time to hunt out those individuals who can add valuable suggestions, time and energy to get us organized and on the way. We also need to keep our groups going. Our needs and wants for our children, our families, and our communities change daily.

Families move out of the community; others move in. Housing developments are added, and new highways go through. With these changes we have changing needs. I feel that once a project such as this is firmly started, its growth and success will have to follow. Chicago, New York, and even Morgantown started out as small communities.

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ON DEVELOPING A COMMUNITY DEMONSTRATION PROJECT

SUGGESTIONS AND RECOMMENDATIONS

I. Demonstration Project Approach

Demonstrations seem safer to people than programs because (theoretically) "if you don't like the demonstrator you don't have to buy it." Of course, good salesmen present a product in ways to enhance desirability and hopefully to insure acceptance. Demonstration programs are a useful way to introduce news ideas or test new ways of doing things.

II. Leadership

Core leadership persons should be involved from the beginning in developing a project. It is essential that they understand the basic concepts and are better able to operationalize them as the project is developed. It is important to involve both citizens and professionals in the core leadership for innovation and change. These persons must, in combination, possess social change knowledge and skills, community knowledge, and have influence with other professionals and citizens.

III. Problem Definition

Who defines problems and how resources are assessed largely determines the goals of the project, and the strategies or methods. Choose social change rather than behavior change oriented persons.

IV. Resources

The intent was to develop a model which could be replicated using resources currently existing in most rural areas. Therefore, we suggest that communities not use their time and resources seeking outside grants or funding.

Resources are what you need; not more money. Money can get resources for you but it could be better not to have much money. Grants and special funding can be a handicap because people and agencies tend to see money and say, "Let them do the work – they got the money." This can be instant death for self-help and community development programs which are successful to the extent that many people work together without envy or competition for the control of resources or jobs.

Community self-help projects should use available technical assistance (from Universities and specialist professionals) with care. Community professionals and citizens must be the leaders, not the consultants. Select consultants who respect rural people and are willing to learn as well as be teachers, for rural programs need to be developed on the actual realities of rural life as well as on social science concepts.

We suggest that you consider trying the barter system as a way of bringing together the necessary resources for a child abuse and neglect program. It could work like this:

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First Step—Bringing together key persons to identify problems and plan program. Get concensus about program goals and strategies – go slowly enough to be sure there is sufficient common purpose and agreement.

Second Step—Determining what resources are needed. These will include such things as:

1. **Personnel – Project Staff**
   a) project coordinator – full or part-time
   b) self-help organizers—full or part-time
   c) clerical help

   Project Teams and Committees
   a) Citizens Committee for Children's Rights (see page 57 for recommendations) (This will largely be volunteer)
   b) Child Abuse and Neglect Study Team—(Professionals might be loaned personnel for a determined amount of time.)
   c) Inter-agency Council or Committee on Child Abuse and Neglect (Barter process could provide some competition between agencies for selection of competent and qualified representatives)

2. **Other Expenses**
   Paper and materials, perhaps telephone and office space, etc. can be gathered by asking contributions of materials or monies or even having a bake sale.

The use of the barter system to obtain services involves the collection of resources from agencies, institutions, individuals, civic groups. One agency might loan a staff person full or part-time (be careful to write clear job descriptions and qualifications, for the fate of programs can depend on the quality of staff.) It is difficult, if not impossible, to overcome the handicap of incompetent staff. Maybe there will be a skilled retired professional who will accept a staff position. Make certain that it is clear they joined up for the duration, that they are upaid professionals not unpaid volunteers, and that they are "employed" to provide staff services.

The barter process involves getting committments of resources – time, money, services, materials – as the share of the agencies, groups, and individual citizens in your community. This giving of resources is in the tradition of rural communities and can give everyone a bigger stake in the success of the project. This would have the strategy of ACCR had it not been funded to develop a rural model.

RESOURCES

The intent of this section is to share with you the resources we found helpful in developing the project. As you develop your own project you will surely find other materials since it seems that everyday something new comes out.

I. BOOKS

BEYOND THE BEST INTERESTS OF THE CHILD, by A. Freud; J. Goldstein; and A. Polnit. The Free Press, 1973.

This book addresses the issues involved in removing children from natural, foster, and common law, families. It states that the intervener should identify 1)if the child is unwanted; 2) if the home is the least detrimental placement. All decisions should be made based on "the least detrimental effects" on the child, should be "continuous and unconditional," and should be based on the child's "time reference."

CHILD ABUSE INTERVENTIONS AND TREATMENT. Editors: Nancy B. Ebeling, MSSA; ACSW; Deborah A. Hill, MSW. Sponsored by: Children's Advocater, Inc. Publishing Sciences Group, Inc. Action, Massachusetts, 1975.

"This important work presents current views on a social-medical problem that can be found in every stratum of our society. . . social workers, doctors, psychiatrists, nurses, probation officers, project directors, and attorneys discuss the multiplicity of child abuse problems. . ." (from the book jacket).

PLANNING AND ORGANIZING FOR SOCIAL CHANGE—ACTION PRINCIPLES FROM SOCIAL SCIENCE RESEARCH, by Jack Rothman. Columbia University Press, New York, 1974.

In this book Rothman did a systematic review of the social sciences literature to provide social welfare planners and social workers social change concepts, strategies and actions.

RIGHTS OF CHILDREN, by the Harvard Educational Review. Reprint Series No. 9, 1974, Massachusetts.

"Selected articles demonstrating from the standpoint of the child, the institutions, policies, and professionals a child encounters. Presents the need to establish clearly the rights of children." (Excerpt Preface)

SOME WHERE A CHILD IS CRYING—MALTREATMENT-CAUSES & PREVENTION, by Vincent, J. Fontana, M.D. Macmillan, N.Y., 1973.

An in-depth study of a national problem (child abuse) which outlines a concrete program for eliminating its causes. Diagnostic guidelines for teachers and neighbors who suspect child abuse and neglect. Suggested programs for schools, colleges, and social agencies.

THE CHILDREN'S CAUSE, by Gilbert Y. Steiner. The Brookings Institution, Washington, D.C., 1976.

". . . this book examines the apparatus for making Children's policy and evaluates substantive policy proposals against the background of tension between proponents of public rather than private responsibility and between advocates of federal rather than state responsibility." (from the foreword).

VIOLENCE AGAINST CHILDREN: PHYSICAL CHILD ABUSE IN THE UNITED STATES, by David G. Gil. Harvard University Press, Cambridge, Massachusetts, 1970.

"Violence Against Children . . . offers an opportunity to note briefly several developments reflecting a growing awareness of the rights of children." (From the preface.)

II. MANUALS, REPORTS, PROCEEDINGS

THE LEGAL ASPECTS OF CHILD ABUSE AND NEGLECT, by Barbara A. Caufield. Direct your request for this manual to: Mildred Arnold, Public Service Administration, Office of Human Development, Dept. of Health Education & Welfare, Room 2014, South Building, Washington, D.C.

"The focus of this manual was directed by the professionals who work daily with families." It outlines legal steps protective service workers must take for investigation, evaluation for court, trial, and disposition.

CHILD MALTREATMENT IN THE UNITED STATES: A CRY FOR HELP AND ORGANIZATIONAL RESPONSE, by Saad Z. Nagi. The Ohio State University, 1976. For a copy of this material write to: The Children's Bureau, Office of Child Development, Dept. of Health Education and Welfare.

"The purposes of the book were: 1) to gain an analytical, nationally representative picture of the organization of services with child abuse and neglect; 2) to identify limitations and strengths in the structure and performance of these programs; and 3) to prepare recommendations for improving and controling the problem" (p. 4).

COMPREHENSIVE EMERGENCY SERVICES: COMMUNITY GUIDE, by National Center for Comprehensive Emergency Services to Children. Copies may be obtained by writing: Patricia W. Lockett, Director, 320 Metro Howard Office Bldg., Nashville, Tennessee 37210.

"This material was prepared. . . .as a part of the National Center for Comprehensive E.S.C. Center's mission to prepare and disseminate mixed-media materials to communities interested in organizing and operating a coordinated system of 24-hour emergency services to children and their families." (from the Title Page).

GETTING HUMAN SERVICES TO PEOPLE IN RURAL AREAS, by the Office of Rural Development, Office of Human Development HEW, Washington, D.C. 20501. (Copies may be obtained by writing the above address)

"A study focused on field evaluations of ten rural projects supported by DHEW funds."

TOWARD A NATIONAL POLICY FOR CHILDREN & FAMILIES, by Advisory Committee on Child Development, Assembly of Behavioral and Social Sciences. Copies may be obtained by writing National Research Council, 2101 Constitution Avenue, Washington, D.C. 20418.

This report focuses attention on the need to develop a national policy for children and families to the problems they face on a daily basis.

CHILD ABUSE AND NEGLECT PROGRAMS, by U.S. Dept. of HEW, Office of Human Development, Office of Child Development, Children's Bureau, National Center on Child Abuse and Neglect, Washington, D.C. (Copies may be obtained by writing the above).

A listing of all child abuse and neglect programs in the Department of Health, Education, and Welfare Regions.

CHILD ABUSE AND NEGLECT, by Maure Hurt, Jr. Social Research Group, The George Washington University, Washington, D.C. Copies may be obtained by writing US Dept. of HEW, Office of Human Development, Office of Child Development, Washington, D.C. (Publication No. (OHD) 74-20.)

"A report of the status of the research on child abuse and neglect."

PROFILE OF NEGLECT, by Norman A. Polansky, Carolyn Hally, and Nancy F. Polansky. Copies may be obtained by writing US Dept. of HEW, Social Rehabilitation Service, Community Services Administration, Washington, D.C. (1975).

A survey of the state of knowledge of child abuse and neglect.

PROCEEDINGS OF THE FIRST NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT, by the Regional Institute of Social Welfare Research. Publication No. (OHD) 72-30094. Copies may be obtained by writing the Dept. of Health Education and Welfare, Washington, D.C.

"This volume is not intended to provide specific, in-depth information on the problem and its management. Rather its goal is to capture various conceptual threads that were cast at the conference." (from the Overview).

CHILD IN SPORT: PHYSICAL ACTIVITY, National Conference Workshop. Editors: J.G. Albinson and G. M. Andrew, School of Physical and Health Education, Queen's University, Kingston, Ontario, Canada. University Part Press, Baltimore, 1976.

III. ORGANIZATIONS

THE AMERICAN HUMANE ASSOCIATION. Children's Division, P. O. Box 1266, Denver, Colorado. Vicent DeFrancis, Director of Children's Division.

"The Children's Division of the American Humane Association is the National Association of individuals and agencies working to prevent neglect, abuse and exploitation of children." (Newsletter and other publication)

CHILD WELFARE LEAGUE OF AMERICA, INC. 67 Irving Place, New York, New York 10003.

"The Child Welfare League of America is a federation of child welfare agencies. Its purpose is to protect . . and promote the welfare agencies and communities and provide essential social services for children and families. It sets standards, conducts research and publishes materials and promotes legislation to meet its purpose." (Newsletter and Publications)

RURAL AMERICA, INC. Dupont Circle Building, 1346 Connecticut Avenue, NW, Washington, D.C.

"A voice for small towns and rural people." – A Lobbying Group (Newsletter)

REGIONAL RESEARCH INSTITUTE FOR HUMAN SERVICES. Arthur G. Emlen, Director, Permanent Planning Project, Regional Research Institute for Human Services, Portland State University, P. O. Box 751, Portland, Oregon 97207. (Newsletter)

PARENTS ANONYMOUS, INC. 2810 Artesia Boulevard, Redondo Beach, CA 90278.

PARENTS WITHOUT PARTNERS. 7910 Woodmont Avenue, Washington, D.C. 20014

"Through programs of discussions, professional speakers, study groups, newsletters, and international publications, real help is provided the confused and isolated to find himself and to reshape his own life to meet the unique and unpredictable conditions of single parenthood." (Newsletter)

THE AMERICAN PARENTS COMMITTEE, Mrs. Helen K. Blank, Executive Director, 1346 Connecticut Avenue, NW, Washington, D.C. 20036, Telephone (202) 785-3169.

"The APC invites the cooperation of many other national non-profit organizations in striving for (a) better Federal Legislation for children and for (b) the more adequate funding of services for children and for (c) more effective administration of such services." (Newsletter)

CENTER FOR COMPREHENSIVE EMERGENCY SERVICES TO CHILDREN IN CRISIS. Patricia W. Lockett, Director, Room 320, 25 Middleton Street, Nashville, Tennessee 37210.

(Newsletter: Cross Talk; Manual: Comprehensive Emergency Service)

EDUCATION COMMISSION OF THE STATES: CHILD ABUSE AND NEGLECT PROJECT. 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80295, C.D. Jones, Director.

(Report: Education for Parenthood)

Child Abuse and Neglect Prevention and Treatment in Rural Communities:

Operation Reach—Wyoming People Reaching Out to help their Abused and Neglected Children

Produced by:
Wyoming Department of Health and Social Services,
Cheyene, Wyoming

INTRODUCTION

Wyoming and her sister states in the Mountain West are rapidly becoming the "Energy Breadbasket" of the nation. The region, with its enormous supply of raw materials, is being called on increasingly often to provide vital resources for an energy-hungry country and its people. The demand will likely increase in the years ahead.

From an economic standpoint, the energy boom has been good for Wyoming. The state enjoys one of the lowest unemployment rates in the nation and, after several lean years in the 1950's and 1960's, the inflow of new jobs and dollars has been refreshing.

But the burgeoning economy also has brought a new set of problems which Wyoming--the land of high altitude and low multitude--has never been required to deal with on a large scale in its rather pastoral history.

Environmental concerns--clean water and air, land reclamation, land use planning--have correctly received much attention as energy developers have moved into the state. But planning and positive action to deal effectively with the social problems that go hand-in-hand with rapid economic development often haven't kept pace.

The social hangover brought about by an economy that grew too fast and with too little planning perhaps is manifested best in Wyoming by the shocking increase in child abuse and neglect in recent years. The incidence of abuse/neglect has reached epidemic proportions in several areas of the Equality State.

Wyoming has put into practice many of the traditional and time-honored theories for dealing effectively with child abuse and neglect. Some of

them have worked. Child protection teams are active in many areas of the state. Reporting of abuse and neglect has improved. The state's citizenry has become more aware that the problem exists. A multi-disciplinary team has been formed at the state level to devise means of dealing with the problem.

But the fact remains that the incidence of child abuse and neglect continues to spiral upward in Wyoming. Unfortunately, most of the effective action that has developed to combat abuse/neglect is still after-the-fact; that is, it occurs after a child has been maltreated.

Obviously, then, something more was needed if the problem of child abuse and neglect was to be dealt with effectively before it occurred.

One answer in Wyoming was Operation Reach, an experimental project designed to solicit increased public involvement at the local level in dealing with the problem.

RATIONALE

There's a belief in America, as old as the nation itself, that if a job has to be done, go to the people. Explain, honestly, to them why the job must be done. Tell them what is needed. Make suggestions as to how they might proceed. Offer your help. Then step back and turn it over to them. The people will get the job done.

That was the concept of Operation Reach.

Boiled to simplest terms, the project operated this way:

--Three project areas, involving five communities, were selected for an intensive, short-term community organization program aimed strictly at

mobilizing an effort to draft and implement specific programs for combatting child abuse and neglect. The communities with the worst abuse/neglect problems, or the potential for a serious problem in the near future, were selected. Rock Springs-Green River, two southwestern cities, were first; Gillette, a northeastern city, was second and Douglas-Glenrock in the central part of the state was third.

--A community organizer was sent to each community for two months to mobilize a total community effort geared toward drafting specific programs that might be effective in dealing with local abuse/neglect problems. Wyoming was fortunate to have the services of Theresa (Trese) Volkmer, hired by the State Department of Health and Social Services in 1976 to organize a statewide effort to assure the success of the national Swine Flu immunization program. Wyoming's immunization program, largely because of Ms. Volkmer's efforts, was the most successful in the nation.

--At the end of two months, community residents were asked to draft and put into effect a continuing child abuse/neglect prevention program. In effect, the people of a community were given an opportunity to express righteous indignation about the problem and also to participate directly in finding solutions to it.

--The community organizer then left the community and moved to the next to begin another two-month project.

HOW OPERATION REACH STARTED

Operation Reach had its roots in an informal discussion in 1974 between Janet Shriner, child protection specialist with the State Division of Public Assistance and Social Services, and Andy Ruskanen, public information officer with the Department of Health and Social Services.

Wyoming's child abuse/neglect rate had shown a gradual increase for several years but in 1974 the upswing was dramatic and startling. The incidence of abuse/neglect already was reaching epidemic proportions in many of the state's energy impacted areas.

Ms. Shriner and Ruskanen agreed that solutions should be sought that would aim toward community-based preventive efforts rather than traditional state agency-centered, treatment-after-the-fact programs. They agreed the job would require:

1. The full-time effort of one person placed in selected communities for relatively short periods of time;

2. That the person's efforts would be geared strictly toward introducing new or improving existing programs for preventing abuse/neglect which community residents, themselves, believed to be of value;

3. That long-range efforts would have to be assumed by citizens not traditionally involved in abuse/neglect prevention programs. Though professional workers would not be excluded, a primary goal was to involve more people in the prevention of abuse/neglect rather than adding to the burden of people already involved in dealing with the problem.

Though the concept seemed to be a good one, it was impossible to proceed in 1974 for two reasons: first, the lack of funding and second, the lack of a qualified person to assume responsibility for the project.

Late in 1976, with the abuse/neglect problem even worse than in 1974, an opportunity arose to test the concept. Trese Volkmer's contract as a

community organizer for the swine flu immunization program expired and she became available for the abuse/neglect project.

After nearly four months of attempting to secure financing for a short-term project, a special grant of $13,000 for a seven-month program was received by the State Department of Health and Social Services from the Office of Child Development, Region VIII, D-HEW. Dolores Meyer, program specialist for child protection with that agency, did an excellent job of going to bat for Operation Reach; without her effort, the project probably never would have been implemented.

CONCEPTS

Project Manager--The success of Operation Reach depended on selecting the right person for this job. The project required a person who would be willing and able to move three times during a six-month period to communities that were experiencing massive problems.

The person would provide guidance to a group much more experienced and involved in the problems of a given community while avoiding a dominant role that would leave the project without leadership.

Ms. Volkmer's role was as a catalyst in bringing together diverse groups and individuals to work toward a common goal--finding solutions to the local problem of child abuse/neglect. Though the task wasn't always easy, she did not allow herself to become the focus of the project.

The job of project manager required a variety of skills: community organizer; an ability to work with the news media; conducting community meetings; working with a planning council; making individual and group contacts to solicit support of, and participation in, the project; and, perhaps one of the

most difficult tasks, coordinating the effort between local participants and the two other members of the state planning team who were more than 200 miles away.

State Planning Team--The team consisted of Ms. Shriner, Ms. Volkmer and Ruskanen. The team spent about one and one-half months planning the general procedures and concepts that would be introduced in each participating community during the project period.

Ms. Volkmer, after the initial planning period, became an actual resident of each community in which the project was conducted. Ms. Shriner and Ruskanen remained in Cheyenne where they met her requests for supplies, meeting arrangements, expenditures and policy decisions.

Primary communication between team members was through weekly, or more often, long-distance telephone calls. Between each project, Ms. Volkmer spent about one week in Cheyenne with other team members to prepare reports, correct errors in procedures, review successful efforts of the preceding project and lay groundwork for the upcoming project.

Community Involvement--From the beginning, the primary concept of Operation Reach was to give the communities concerned full responsibility for planning and implementing their own continuing abuse/neglect prevention program.

Ms. Volkmer worked with a committee of volunteers in each community. The committee, usually selected from a group attending a pre-project meeting, was to serve a policy-making and program-planning role during the two months of the project.

The group would continue as a permanent child protection council after the project. The council should not be confused with a child protection team

which serves a completely different function--providing services to specific children who have been abused or neglected.

From the beginning, the planning team emphasized that though Operation Reach was of short duration, its goals were long-range; that if the project was to be a true success, communities would have to assume responsibility for assuring the continuation of specific programs and the introduction of new programs geared toward the prevention of child abuse and neglect.

In Rock Springs-Green River a child protection council existed but, for all practical purposes, had ceased to function at the time the project began. Operation Reach plugged into the council which, since the project, has been expanded.

In Gillette the Council of Community Services assumed responsibility for working with Ms. Volkmer. This organization includes a wide representation of community residents involved in dealing with a variety of helping services. The council continues to fulfill the obligations made during the project period. Probably, the Gillette council provided the best working group for the project since it was already well organized and functioning when Ms. Volkmer arrived.

Separate groups were formed in Douglas and Glenrock. Glenrock's group assumed the role of a child protection team while, at the same time, committing specific programs to cope with abuse/neglect. Douglas formed a new council (the community also has a protection team) drawn up along the lines suggested by Operation Reach.

Financing--The seven-month project was funded through a special grant totaling $13,000 from the Office of Child Development, Region VIII, D-HEW.

A total of $455 came off the top of that grant for the cost allocation required by the Wyoming Department of Administration and Fiscal Control. Of the remaining amount, $9,450 ($1,350 per month) was earmarked for the salary of the project manager.

A total of $3,095--slightly more than $1,000 per project--was allocated for all other project activities. Though the total sum wasn't large, it met all project operating expenses and, in addition, provided a small amount of seed money for projects related specifically to child abuse/neglect prevention in each area. These projects will be discussed in greater detail later in the report.

In addition to the base amount, Operation Reach was funded with an additional $1,000 from the State Division of Health and Medical Services. Lawrence Cohen, M.D., the division's administrator, arranged for the funding during the project's initial planning stage when the federal grant had not been received. The additional money permitted the preliminary planning period to continue and came at a time when the project's survival was very much in doubt.

Office space for the project manager was provided without charge by the Sweetwater County Department of Public Assistance and Social Services (Rock Springs-Green River), the Gillette Human Services Project and the Converse County Department of Public Assistance and Social Services (Douglas-Glenrock).

In addition to earmarked funds for the project, the independent financial assistance provided within each project area was invaluable in implementing specific programs. An accurate estimate of how many local dollars were spent during each two-month period is not possible but the amount was considerable. The contribution of local money was completely in line with the project's objectives since

it was recognized from the beginning that Operation Reach funds would be depleted by the end of the project and that local sources of funding would have to be sought to assure the continuation of specific projects.

Program Design--During the initial planning for Operation Reach, the state planning team drew up a shopping list of potential programs that the involved communities might consider for the purpose of preventing child abuse/neglect.

In drawing up the list, the team did not attempt to sell specific programs but, rather, intended to plant a seed on the various prevention concepts that might be tried.

The list ranged from independent programs (Parents Without Partners, Parents Anonymous, Big Brothers) to programs that might be implemented by various agencies and organizations (hospital protocol, school policy statements, family help lines, parent effectiveness) to community-sponsored activities (Child Protection Week, parent aides, child protection art contests, participation in the State Fair) to a news media blitz campaign (feature stories, radio spots, radio interviews, billboards, fliers).

The list was presented to the various planning councils with the understanding that they might accept or reject any or all of the proposals. An informal goal, suggested for each community at the beginning of each project, would have three new programs introduced and/or three existing programs improved by the end of each two-month period.

By design, the state planning team decided early to remain as ignorant as possible of specific abuse/neglect prevention programs that were already operating in a given community. This was done to avoid a know-it-all image that often haunts state

government employees and which, the team believed, might prove detrimental to introducing the concepts of Operation Reach.

This proved to be a serious miscalculation. A number of Rock Springs-Green River people were offended that the team hadn't cared enough to do its homework as to what efforts were being made to prevent abuse and neglect.

The error was corrected for the second and third projects, when the planning team developed a good working knowledge of available resources before making initial contacts with community residents.

Local councils and committees accepted the fact that a severe problem of abuse/neglect existed in their communities but groups were more inclined to seek programs to treat abused and neglected children rather than developing a long-term approach of prevention. The planning team, particularly the project manager, had to be constantly alert to directing the project toward preventive programs.

HERE'S WHAT HAPPENED

A variety of programs were attempted as a direct result of Operation Reach. Some will prove to be of lasting benefit to the communities concerned while others provided only short-term benefits or no benefits at all. A number of programs were in the formative stages at the time specific projects concluded or have been developed since. The manner in which programs developed was anticipated by the state planning team.

The most important goal--the formation of specific groups of local people to assume responsibility for drafting and implementing specific abuse/neglect preventive measures--was realized in each project area. The effectiveness of the various groups has varied widely, but the groups are

functioning and that fact, to the planning team, is perhaps the most positive part of the program.

Of course, the long-range value of the local groups cannot be gauged accurately. This factor will be determined by the vitality the groups are able to maintain over a period of years.

Following is an explanation of programs undertaken in each project area which, the team believes, came about as a direct result of the efforts expended during Operation Reach.

Rock Springs-Green River

The main effort centered on a community child abuse prevention observance during the final week of the project, with primary attention on a day-long Saturday seminar at the end of the week. Though the observance and seminar were the primary focus of the project, the spin-off from the efforts probably will prove to be of more lasting value to the communities.

In planning events for the observance, the abuse prevention council found a means to form a base of community support and involvement that had been lacking in the past. Further, the council was able to form a more tightly-knit organization which, of necessity, had to function more efficiently than in the past. Many people who had never actively participated in abuse/neglect prevention became involved in striving to make the event a success. Community pride was very much in evidence.

The community awareness campaign probably was the best attempted in any of the three project areas, although specific efforts--particularly newspaper coverage--were better in other areas. Only a few news stories were written but radio and cable-TV coverage was excellent in Rock Springs-Green River.

A speaker's bureau was formed and made available to all groups in the community. Speakers literally blanketed the community during the project period.

Typical of community response was the donation of facilities by Western Wyoming College for the Saturday seminar. The college also allowed credits to participants in the seminar. Also notable was the donation of a meal to all seminar participants by McDonald's Restaurant.

A billboard in the center of Rock Springs, promoting abuse/neglect prevention, was donated by a local firm. An art poster contest was sponsored by local schools with prize money contributed by six banks; all posters from the contest were placed throughout the communities during the child protection week observance.

Though attendance at the seminar totaled about 170 people, actual ticket sales ($2 apiece) in the communities totaled $600, most of which went directly into continuing activities of the child protection council.

By the time the project manager left the community, the Sweetwater County Child Protection Council was functioning well and had committed itself to working on the following projects:

--Expansion of the homemaker program to include victims of abuse and neglect. The group was advocating an increase in the amount paid to homemakers in order to make the job more competitive and appealing.

--Modification of the Sweetwater county foster parent program to provide that foster parents receive adequate training in child development and related courses. An attempt also was being made to form a local foster parents' association.

--Development and implementation of a parent aide (lay therapist) program in which volunteers would respond to calls of desperate families seeking a friend.

--A study of the feasibility of a 24-hour nursery to be financed by industry in the area. The nursery would give preference to employees of the industries involved and, at the same time, be open to potential abusing parents and their children. After the initial study, the council planned to prepare a formal request to the Southwest Wyoming Industrial Association for support and participation.

--Promotion of more parenting classes in the local high schools and junior high schools.

--Introduction of a Parents Anonymous program.

--Expansion of the existing 24-hour hotline to more effectively handle calls on child abuse.

--Recognition of incest as a local problem and involvement of the council in activities of the rape crisis organization which had developed immediately prior to the abuse/neglect program in Sweetwater county.

Four months after completion of the project in Rock Springs-Green River, the council requested and received funds through Operation Reach to bring "Dessie," an excellent dramatization pertaining to child abuse/neglect, to the area. Three performances of "Dessie" were presented in Rock Springs and Green River late in September and were well attended.

Gillette

The situation in Gillette was totally different from the one facing the project manager in Sweetwater County. A brief explanation of the city's

recent history will clarify the situation.

Gillette had gone through a previous boom period in the mid-1960's which brought on the state's first impact situation and all the attendant problems. The situation leveled off but a few years later another boom arrived with the advent of the national energy crisis.

As a result of being required to face the earlier impact problems, Gillette seemed better prepared to comprehend the concept of Operation Reach. Though there was some early skepticism ("We don't need any more studies," "We're burned out," etc.) the project manager was able to dispel doubts as to the project's purpose and goals.

Perhaps the most positive factor that existed in Gillette, though it wasn't immediately apparent to the state planning team, was the presence of the Gillette Council of Community Services. The council had been functioning for a considerable period of time when the project manager arrived in the community. The council involved all segments that were needed to implement Operation Reach. A task force composed of council members and other residents of the community was formed to work with the project manager on specific programs associated with Operation Reach. The council pledged its support to the project and never wavered on that commitment.

As a result, the actual work of implementing specific projects, rather than spending a considerable amount of time on organizational matters, began early in the project. Further, the council, because of its previous experience and sophistication in dealing with the problems of impact, was able to get to the core of its problems much faster and work on specific preventive programs that it believed would be most beneficial in combatting local abuse/neglect.

The Gillette council rejected the concept of a promotional campaign aimed at developing community awareness. A successful seminar, similar to the one in Rock Springs, had been conducted recently and there was no need for an additional program of this type.

The council recognized, however, the continuing value of stimulating public awareness and of using that awareness to develop more public involvement in developing and implementing specific programs aimed at child abuse/neglect prevention. The project manager, once the council's goals were clearly defined, concentrated her efforts in those areas.

Following are some of the accomplishments in Gillette which can be attributed in great part to the effort made during the two-month project period:

--Gillette did not have a crisis hotline. Preliminary arrangements were made to install a Family Help Line. The primary purpose of the line will be child abuse/neglect prevention though, undoubtedly, there will be spinoff benefits for other community services. Training of volunteers has been completed and seed money provided through Operation Reach to install and pay operating costs for the first six months.

--Another project related to the Family Hot Line was the printing of 3,000 stickers listing at least three specific numbers that may be called in crises involving potential abuse and neglect of children. The stickers will be placed on phones throughout the community.

--A Parents Without Partners chapter was formed. Funding for one year's operating expenses were provided through Operation Reach.

--The hospital protocol recommended by the

National Center for the Prevention and Treatment of Child Abuse and Neglect was provided to a local social worker who, in turn, was to provide the material to the county hospital for inclusion in the institution's operating procedure. This was to be done after the project's completion.

--The expense of one training slot at the National Center for the Prevention and Treatment of Child Abuse and Neglect was paid through Operation Reach. The community had adequate funds to pay for only nine slots, though ten were available.

--Efforts were underway when the project period ended to form a Parents Anonymous chapter. Two people (non-abusive parents) agreed to investigate the possibility of forming a chapter. Though the state planning team hasn't been notified that a chapter has been formed, it is known that work toward this goal is continuing.

--A policy statement pertaining to the reporting of child abuse and neglect was placed in the school policy manual. Though not directly attributable to Operation Reach, a policy statement was placed, during the project period, in the Campbell County Hospital nursing manual, describing procedures to be followed in reporting suspected cases of abused, disabled or incompetent children to the county social services office.

--The project manager prepared three articles on the problem of abuse/neglect in Gillette for the local newspaper. The articles appeared shortly after her departure from the community. She also participated in two lengthy interviews on a local radio station.

--An effort was underway by the time the project ended to start a Parent Aid (Friendly Neighbor, lay therapist) program in the community. The pattern established by the Denver Parent Aide program

was being followed. A local minister was spearheading the effort to implement the program.

--A reporting policy and training program for day care operators was being investigated.

Douglas-Glenrock

Douglas-Glenrock presented a third type of problem. These communities are just beginning to feel the effect of the impact situation experienced in Rock Springs, Green River and Gillette.

Unlike the other communities, Douglas and Glenrock have had time to prepare for many of the problems of impact. Their request to participate in Operation Reach (as opposed to the other communities which were invited to participate) seemed to represent an earnest desire to cope with a serious problem before it got out of hand, though certainly a serious child abuse/neglect problem already exists in the two communities.

One of the major problems facing the project manager was the intense rivalry that exists between the two communities. This sense of competition, often unhealthy, was never completely overcome during the project period and, as a result, some projects that logically could have been undertaken on a cooperative basis by the two towns never got off the ground.

Originally, the intent was to concentrate the project in Douglas, particularly after the Rock Springs-Green River project where the project manager found it difficult to spread her efforts between two communities nearly 20 miles apart. However, Glenrock sent representatives to the first organizational meeting and requested that it be permitted to participate. The request was honored.

Probably the most important outcome of the

Operation Reach effort was the formation of child protection councils in each community.

The Glenrock council--actually the only new project introduced during the project period--was a real step forward since concerned citizens in the community had been working hard to create an organization for some time.

The Glenrock council, as visualized by the people of the community, probably will serve the role of a child protection team, at least initially. Sometime in the future the council may take on the added responsibility of introducing other specific preventive programs.

The Douglas group (Converse County Child Protection Council), which was forming when the project began, was successful in implementing several programs. The council has continued to function and, if a good cross-section of the community eventually is represented, its continuing efforts should prove successful.

Some of the specific projects in Converse county include:

--The designation and observation of "Child Protection Week" in Douglas. This included a week-long program aimed at stimulating public awareness of, and participation in, child abuse/neglect prevention activities. The week's observance culminated with an excellent Saturday seminar. The workshop wasn't limited to Douglas residents, but attracted between 70 and 100 people from the community and neighboring towns and cities. Participants were charged a $2 registration fee, most of which was retained for continuing activities of the council. A highlight of the seminar was the presentation of "Dessie."

--The two county newspapers and the Douglas

radio station did a fine job of publicizing the project, particularly the activities of "Child Protection Week." Two feature articles pertaining to abuse/neglect prevention were prepared for each of the newspapers by the project manager.

--A booth pertaining strictly to child abuse/neglect prevention was opened for a full week during the State Fair in Douglas as part of the Converse county effort. Members of the Douglas Child Protection Team, the Jaycees and the Jaycee-ettes staffed the booth throughout the week.

--An effective public awareness campaign was conducted. Recent reports indicate the campaign is continuing and apparently is proving fruitful (one case of incest was reported following an address on the subject to a group of young women; following an address on abuse/neglect to a Catholic church congregation, one individual applied to serve as a foster parent). During the project period, separate in-service training sessions on abuse/neglect were offered to teachers and nurses in the community. Presentations also were made to the Newcomers Club, the Lions Club and the Douglas Chamber of Commerce.

--The Douglas council requested an expenditure of funds for the purchase of a Systematic Training for Effective Parenting (STEP) kit. The kit was provided to the council through the Converse County Department of Public Assistance and Social Services.

--Since the completion of the project, the state planning team has learned that the Glenrock council is investigating the possibility of installing a hotline in the community for the purpose of reporting suspected abuse and neglect. The council apparently has opted for a local line rather than a county-wide hotline because of the distance between Douglas and Glenrock.

--The Glenrock council also has expressed an

interest in sending its child protection team to the National Center for the Prevention and Treatment of Child Abuse and Neglect for training sometime in the future.

--Recent information indicates that a Parents Anonymous chapter has been formed in Glenrock.

RECOMMENDATIONS

Top-Level Support--The project should not begin until the top-level administrator(s) of the agency or organization charged with conducting the program becomes fully informed of, and pledges support to, its purpose and goals.

Planning Team--The planning team must be allowed a great amount of flexibility in making project-related decisions and expenditures. At the same time, the administrator(s) must be kept fully informed of the program's progress and, periodically, asked to make policy decisions beyond the team's sphere of authority. In a state-administered program such as Wyoming's, a planning team should be designated immediately. It should be kept small and functional and should include, at the earliest possible time, the project manager. In locally-administered programs, it seems advisable to have a similar team to operate during the first few months of a project. The planning team would be phased out at the end of a previously designated period and ongoing functions would be assumed by the local child protection council.

Project Manager--The project manager's qualifications, as viewed by the Wyoming team, are spelled out in detail elsewhere in the report. In locally-administered projects, the manager's role probably would have to be assumed by a single volunteer or, perhaps, by a small local planning team. In Wyoming the project manager served approximately two months in each designated community. This

period might better have been extended by two or three weeks in each community.

Financing--A base amount should be committed to the project for a specified period of time. Wyoming's base funding came from a short-term federal grant. Ideally, a variety of funding sources should be sought to fund a project. Wyoming's project required that all expenditures be cleared through the state office of the Department of Health and Social Services. Though the system was workable, it probably would have been improved if a system of providing seed money directly to the project areas could have been devised. In projects which are strictly locally funded and administered, the problem does not arise. During the duration of a given project--whether administered by the state or locally--efforts should be made to locate additional continuing local funding sources.

Local Organization--The project's primary effort must be toward forming an effective local organization to assume responsibility for continuing efforts established during the initial period. If an effective organization exists at the time a project begins, efforts should be geared toward utilizing that group to accept the added responsibility of child abuse/neglect prevention. An effort should be made to accomplish a good blend of community representation on the continuing council; that is, traditional helping agencies (social services, public health, law enforcement, the schools, etc.) and representation from groups not traditionally associated with child protection (service clubs, fraternal organizations, industry, business associations, labor unions, etc.).

The "Big Event"--The "Big Event" was utilized successfully in two of Wyoming's three project areas to focus public attention on a local problem and to stimulate more involvement in finding solutions to the problem. The events consisted of a week of structured activities and intense news coverage,

culminating with an educational seminar during the final week of the initial period.

The "Big Event" can be used profitably but should not be allowed to become an end in itself. Its primary use should be to stimulate the interest and involvement of more people in certain projects that will be of greater long-range value to the community.

If a given community appears to be well aware that a problem exists, efforts should begin immediately to devise specific prevention programs.

IS THE CONCEPT ADAPTABLE?

Wyoming's planning team believes the concepts developed during Operation Reach may be applied in most communities, regardless of size. Wyoming's program was rural-oriented but the same concepts would be applicable in an urban setting, providing an effort is made to realistically break the large community into smaller communities (blocks, neighborhoods, etc., where a particularly bad abuse/neglect problem may exist) and where a feeling of "community" exists which can be channeled to cope with the problem.

In an urban setting, as in a rural community, an effort must be made to convince the area's residents of their stake in finding solutions to their own problems. A "community," however it is defined, first must be convinced that a local problem exists and second, that the people are responsible for its alleviation.

Existing organizations can be utilized and a community program developed by redirecting priorities in one or more organizations of professionals and volunteer and service groups. Portions of Operation Reach could be incorporated almost anywhere the community wants to devote its energies toward prevention of child abuse and neglect.

HOW THE MONEY WAS SPENT

Following is a very brief breakdown on how the grant money was spent for Operation Reach:

Cost Allocation (State Dept. of Admin. & Fiscal Control)	$ 455.00
Salary (& Travel Expenses)	9,450.00
Expenditures for specific preventive programs designated by each child protection council	2,379.87
Telephone Expense (Most of the calls related directly to specific preventive programs designated by each child protection council)	549.23
Operating Expenses (postage, office supplies, etc.)	110.77
Total Expended	$12,944.87
Original Grant	$13,000.00
Unexpended	$ 55.13

FOR MORE INFORMATION

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